Resolution of an Inflammatory Esophagogastric Polyp

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The patient was a 42-year-old man who visited our hospital for further evaluation of heartburn. Endoscopic examination of the upper digestive tract showed a small, reddish, hard, semipedunculated polyp, 1 cm in greatest dimension, in the esophagocardial junction (Picture 1). The biopsy specimen obtained from the polyp showed inflamed granulation tissue with an eroded surface (Picture 2). Some atypical cells with marked nuclear pleomorphism and mitotic figures were seen in the squamous epithelium (Picture 3). This polyp was diagnosed as an inflammatory esophagogastric polyp (IEGP). After administration of a proton-pump inhibitor for 3 months, endoscopy showed resolution of the esophagogastric polyp (Picture 4). The frequency of IEGP at endogastroduodenoscopy has been reported to be 0.1% (1). IEGPs should be distinguished from pyogenic granuloma or malignant lesions (1, 2). Inflammation induced by gastroe-

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sophageal reflux is considered to be a cause of IEGPs (1, 2). This case suggests that acidity may play a role in the pathogenesis of IEGPs. Anti-acid therapy may be worth trying as the first therapy for treating patients with IEGP.

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References