containing no malignancy by the intensive examinations. Though explicitly p
far, dramatic macroscopic metamorphosis of BGA does not necessarily heralc
apparently due to disequilibrated blood supply, the present case implicitly om
the future possibility of canceration in the lesion on the grounds of the neoplas

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Helicobacter pylori (H. pylori) could not be eradicated. Laboratory data were unremarkable. He was to be followed up under the tentative diagnosis of BGH.

Though appeared neither enlarged nor diminished in volume, the tumor was shown to have the deeper central depression 3 months later. Biopsy demonstrated the cystically dilated BGs with papillary proliferation of the epithelium under the regenerative mucosa. He did not undergo endoscopy another 3 months later due to his incompliance and 1 year and 8 months had passed since the second EGD when he

vessels were observed (Figure 4). The other features of the tumor remained unchanged.

The resected specimen was revealed to be composed of nothing but BGs showing cystic dilatation with no components of the adipose tissue or bundles of smooth muscle at all. The glands situated at the deepest part showed expansive proliferation deeper and deeper, developing the inverted growth. No fibrous septa existed separating the lobules (Figure 6). The glandular epithelium demonstrated papillary infoldings with the round large nucleus having no conspicuous nuclear crowding with stratification, particularly in the central part of the lesion. The nuclear-cytoplasmic (N/C) ratio was larger than usual and mitosis was observed (Figure 7).

Re[illegible] K 67[illegible] [illegible] 53 [illegible] ed. [illegible] abe[illegible]ed [illegible] MUC6 b[illegible] MUC2 (F[illegible]e 8), [illegible] BG, [illegible] MUC5AC [illegible] (F[illegible]e 9), [illegible] ded, [illegible] PAS b[illegible] AB,

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