

An Unusual Cause of Gastrointestinal Bleeding: Gastric Fundic Gland Polyps

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for this unusual diagnostic procedure has been made by a team of physicians consisting of gastroenterologists, surgeons and cardiologists since the situation was unclear despite numerous investigations, the anticoagulation could be stopped any time and the patient was very intensively surveyed as an inpatient for the time of anticoagulation. Diffuse bleeding from the base of multiple big gastric sessile polyps was observed. Notably pedunculated polyps that were torn showed a significant bleeding (Figures 1 and 2). Therefore, large polyps were endoscopically resected by electrocautery snare. Normally, 5-20 largest polyps have been resected, especially those that were torn and bled at their basis. New histology feature of resected gastric polyps confirmed the diagnosis of gastric fundic cyst polyps (Figure 3). No signs of adenoma, hamarthroma, dysplasia or neoplasia were found. Three more sessions of polypectomy were performed. Since then, the patient did not have recurrent episode of GI bleeding or iron deficiency. Endoscopic resection had a long lasting effect. Laboratory assessment showed normal hemogram and iron studies over a period of 11 months.

Recently, rising numbers of patients with fundic gland polyps are being detected during endoscopic studies, predominantly in the group of those treated with proton pump inhibitors for prolonged periods of time [7]. Long-term use of PPIs is associated with up to fourfold



Figure 1: Pedunculated polyps showing significant bleeding-I



Figure 2: Pedunculated polyps showing significant bleeding-II



Figure 3: Histological feature of resected gastric polyps

What is reported here is a case of occult GI bleeding caused by torsion of sessile polyps in the patient who received chronic aspirin therapy. The patient was successfully treated with endoscopic resection of largest polyps. This report could be useful in cases of sporadic gastric FGPs and unrecognized cause of bleeding or iron deficiency anemia; especially in instances in which anticoagulant or ASA therapies were applied.

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