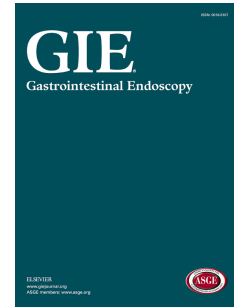


Accepted Manuscript

Gastric adenomas in familial adenomatous polyposis: you only see them when you know what to look for

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PII: S0016-5107(18)30264-5

DOI: [10.1016/j.gie.2018.04.005](https://doi.org/10.1016/j.gie.2018.04.005)

Reference: YMGE 11005

To appear in: *Gastrointestinal Endoscopy*

Received Date: 29 December 2017

Accepted Date: 2 April 2018

Please cite this article as: Roos VH, Bastiaansen BAJ, Dekker E, Gastric adenomas in familial adenomatous polyposis: you only see them when you know what to look for, *Gastrointestinal Endoscopy* (2018), doi: 10.1016/j.gie.2018.04.005.

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Gastric adenomas in familial adenomatous polyposis: you only see them when you know what to look for

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Word count: 197

Because death of colorectal cancer has decreased in patients with familial adenomatous polyposis (FAP), extra-colonic disease has become more relevant for life-expectancy. Recently, a rise in gastric cancer incidence was reported in Western FAP patients. All cancers arose from carpeting fundic gland polyps, and the majority was detected at an advanced stage. Furthermore, an association with desmoid disease was described.

These publications rouse our interest further to more closely inspect areas with extensive fundic gland polyps on our dedicated surveillance program. Recently, 2 middle-aged female FAP patients demonstrated large lighter, somewhat whitish fields within carpeting fundic gland polyps in the proximal stomach (A). The lesions varied from 20 to 60mm in size. On narrow-band imaging, a sharp delineation became visible (B and C). In addition, one of the patients was also known with an extra-abdominal desmoid. Biopsies revealed tubulovillous adenomas with low-grade dysplasia. To prevent gradual development into gastric cancer, we performed endoscopic mucosal resection in both patients (D), without adverse events. Histopathology confirmed tubulovillous adenomas with low-grade dysplasia.

In conclusion, these 2 cases show that extensive inspection of fundic gland polyps by a dedicated endoscopist using digital chromoendoscopy result in identification of dysplastic areas.

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