

Image

## Serrated gastric Adenocarcinoma Developed on a Hyperplastic Polyp Gastric Adenocarcinoma Developed on Scalloped Polyp

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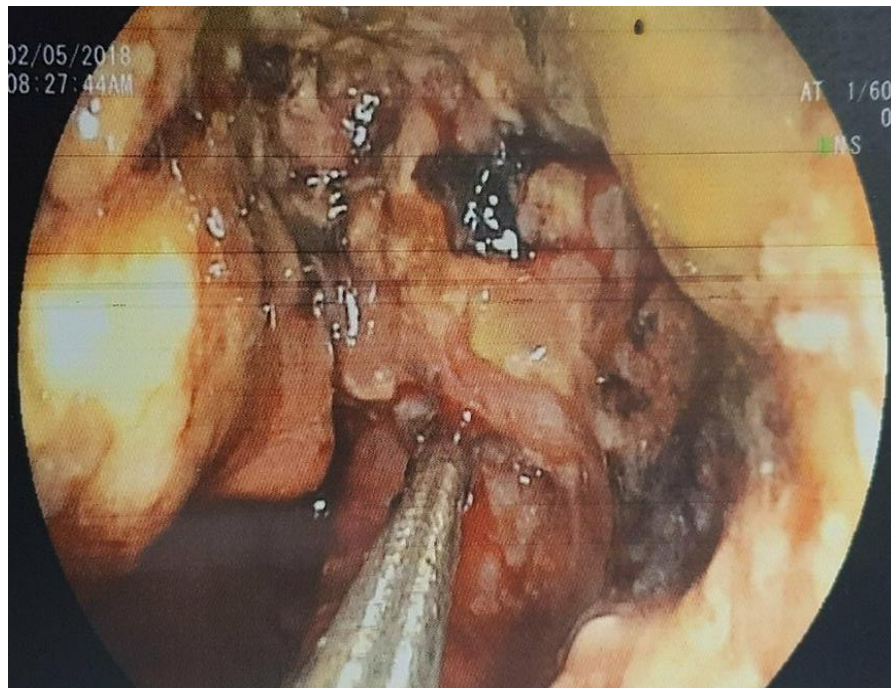
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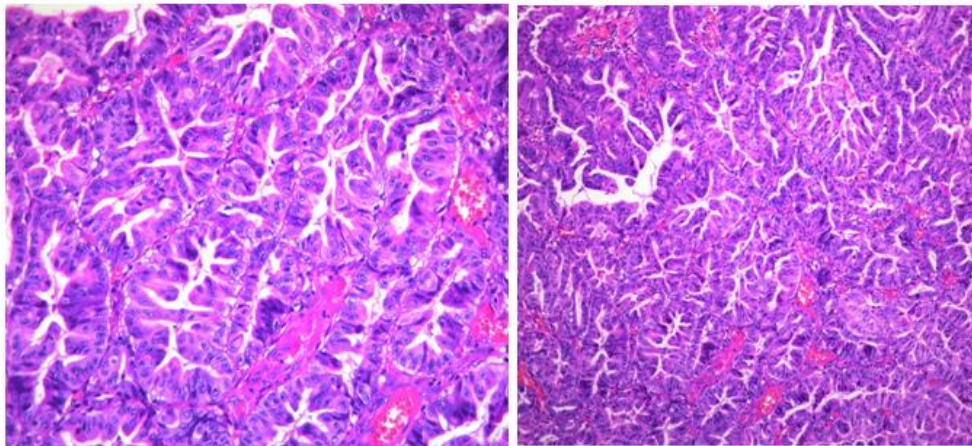
A 69 years old woman with no past medical facts, presented vomiting, gastric pain and loss of weight. Abdominal examination was normal. Upper endoscopy showed a circumferential antral tumor (figure 1). ACE and CA19,9 levels were normal. CT scan objectified a stenosing antral tumor associated with perigastric lymph nodes with no hepatic or pulmonary metastases (figure 2). She underwent subtotal gastrectomy with lymphadenectomy and Finesterer gastrojejunal anastomosis. Histologically, there was a Carcinomatous component showing glands with marked serrated neoplastic epithelium resulting in a sawtooth like architecture (figure 3). It was developed on hyperplastic polyp (figure 4). Tumor was classified T3N0 M0 according to TNM classification. She received post operative chemotherapy (FOLFOX).



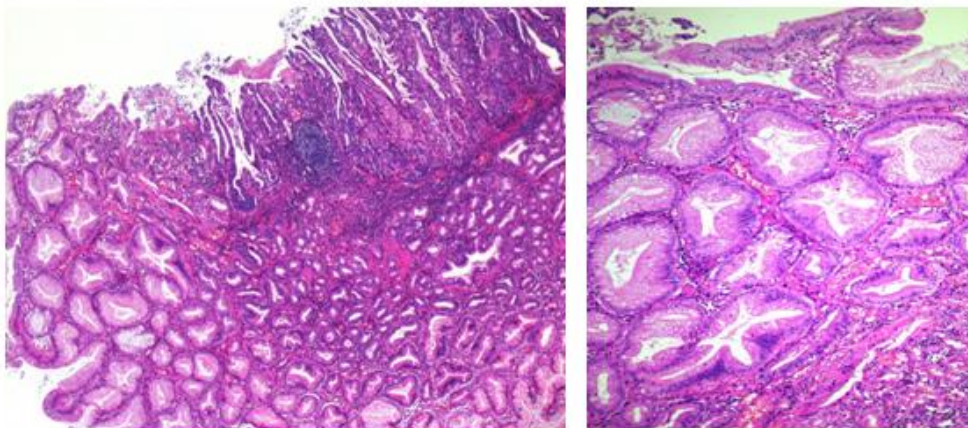
**Figure 1:** Upper endoscopy showed a circumferential antral tumor



**Figure 2:** CT scan : stenosing antral tumor associated with perigastric lymph nodes with no hepatic or pulmonary smetastases.



**Figure 3 :** Carcinomatous component showing glands with marked serrated neoplastic epithelium resulting in a saw tooth like architecture.



**Figure 4:** Low power view of remnescent area of hyperplastic polyp (Area of hyperplastic polyp: hyperplastic foveoli with serrated identations) to the left in continuity with a serrated invasive adenocarcinoma to the right .