

Gastric Xanthoma – A Case Report

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Abstract:

Gastric xanthoma, although benign lesion, sometimes resemble to neoplasm. It is more common in older age group. Histologically it contains lipid laden histiocytes. But it should be differentiated from malignancy. So proper attention during

endoscopic examination and relevant investigations to exclude malignancy should be considered in every patients with gastric xanthoma.

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Introduction:

Xanthelasma or xanthoma of gastrointestinal system are yellow to white plaque like lesion containing lipid laden histiocytes¹. Incidence of gastric xanthoma varies from 0.018% to 7% in endoscopy series^{2,3}. But at autopsy this incidence is about 58%⁴. Although it is a benign lesion, its histological appearance sometimes resembles with carcinoid tumor and signet cell type of adenocarcinoma and coexistence of neoplastic lesion is also reported^{5,6}. In our country no published report of gastric xanthoma is available. So this case was reported to draw attention and to increase awareness of gastroenterologist regarding gastric xanthoma.

Case report:

A gentleman of 52 years, hypertensive, nonalcoholic and nondiabetic, presented with anorexia and weight loss without any significant physical finding. He had slight rise of ALT, negative viral markers but fatty infiltration of liver. He had no dyslipidaemia and his stool antigen for H. pylori was negative. Endoscopic examination of upper GIT revealed single whitish plaque like lesion at incisura histologically showing foamy histiocytes in lamina propria consistent with xanthoma and was associated with intestinal metaplasia. Periodic acid schiff staining was done to exclude neoplasm.

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Fig.-1: Endoscopic picture

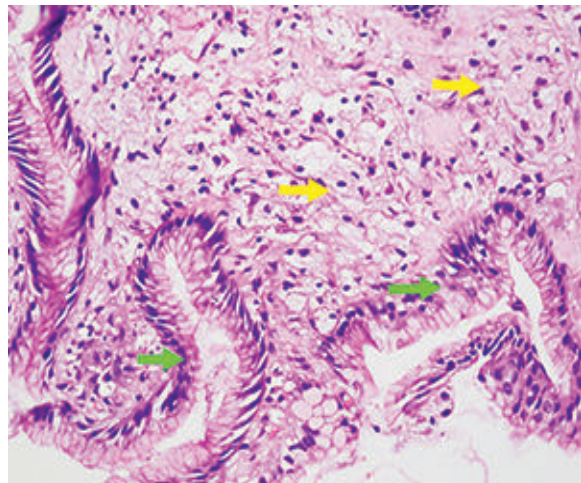


Fig.-2: H-E stain

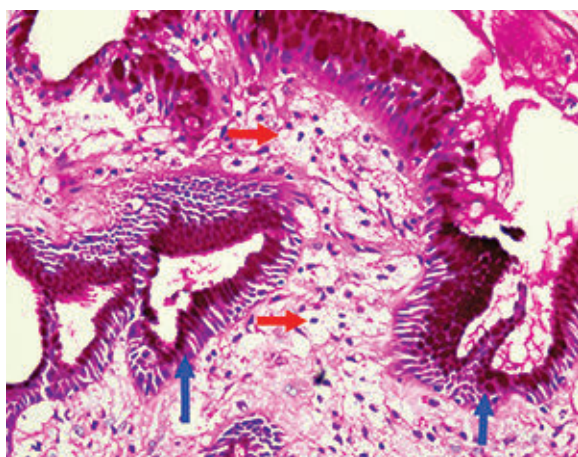


Fig.-3: PAS stain

Discussion:

Gastrointestinal xanthoma are mostly found in stomach (about 70%) and commonest at antrum (76%)^{5,7}. But site of xanthoma in our case is at incisura. Literature shows that about 53% of gastric xanthomas are found among patients of 40 to 60 years age group⁷ and our patient's age is within this group.

Aetiology of gastric xanthoma is not fully established. Injury to intestinal epithelium due to infection including *Helicobacter pylori* or inflammation followed by phagocytic activity of residual and circulating macrophages leads to formation of foamy histiocytes^{8,9}. But in our case *H. pylori* infection could not be established.

In our case intestinal metaplasia was found which may be related to xanthoma formation¹⁰. Relation between gastric xanthoma and lipid metabolism is not established³ and our patient had no lipid abnormality. Xanthoma can be confused with malignant tumor of stomach. In this case Periodic Acid Schiff staining¹¹ excluded presence of neoplasm. Histochemical and immunohistochemical study was not done in this case.

Conclusion:

Gastric xanthoma is frequently associated with precancerous gastric lesion and sometimes resemble to

gastric neoplasm. Sometimes simultaneous presence of malignant lesion and xanthoma are also reported. So endoscopist and clinicians should be careful to evaluate patients of gastric xanthoma to exclude neoplasm.

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