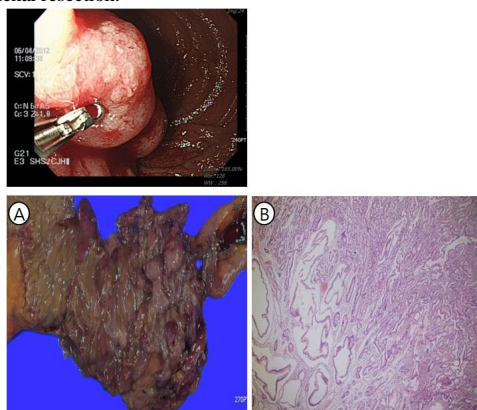


## Juvenile polyposis syndrome(JPS) associated with duodenal cancer

Department of Internal Medicine, Ajou Univestiy Hospital, Suwon, South Korea

\*Eun Soo Yoo<sup>1</sup>, Kwang Jae Lee<sup>2</sup>

**Introduction:** JPS is a condition where multiple juvenile polyps are found in the colon, rectum, stomach, jejunum, ileum and duodenum. JPS mutation carriers have a very high risk for colon, gastric, duodenal, and pancreatic cancers. We describe duodenal cancer in a patient with JPS. **Case:** This 61-year-old woman who had been diagnosed with JPS was examined with esophagogastroduodenoscopy (EGD) and colonoscopy for periodic checkup. We performed biopsy a Yamada-IV polyp on the 2nd portion of duodenum (Figure 1), and it was diagnosed as well differentiated adenocarcinoma. She was referred to surgical department, and received pancreaticoduodenectomy. Pathologic examination of the surgical specimen revealed well differentiated adenocarcinoma. It was confined to lamina propria and arised in juvenile polyposis with adenomatous change with high grade dysplasia(Figure 2). **Conclusions:** In this case, we demonstrated duodenal caner developed in a patient with JPS. It suggests that periodic endoscopic evaluation is important for early detection of gastrointestinal cancer in patients with JPS because adenomatous change of JPS has high risk for cancerous transition. Figure 1.Endoscopic finding. Through EGD, duodenal biopsy was done. Figure 2. (A)Gross finding. There was a 2cm sized fungating mass with small multiple filiform or pedunculated polyps in the 2nd distal portion of duodenum.(B)Pathologic finding. There was invasive adenocarcinoma involving high density mucous glands in duodenal resection.



## Tumor staging of gastric cancer by endoscopic ultrasonography compared with CT

<sup>1</sup> Division of Gastroenterology, Department of Internal Medicine and Liver Research Institute, Seoul National University College of Medicine, Seoul, Republic of Korea. <sup>2</sup> Department of Internal Medicine, Healthcare Research Institute, Healthcare System Gangnam Center, Seoul National University Hospital, Seoul, Republic of Korea.

\*Jung Kim<sup>1</sup>, Sang Gyun Kim<sup>1</sup>, Seung Jun Han<sup>1</sup>, Jae Yong Park<sup>1</sup>, Sooyeon Oh<sup>1</sup>, Hyun Chae Jung<sup>1</sup>, Ji Min Choi<sup>2</sup>, Joo Hyun Lim<sup>2</sup>

**Background:** Endoscopic ultrasonography (EUS) is useful for predicting the invasion depth of gastric cancer. We evaluated the accuracy of EUS compared with computerized tomography (CT) in gastric cancer. **Methods:** The patients who were diagnosed as gastric cancer and underwent EUS and CT from September 2005 to February 2016 were retrospectively reviewed. The staging of depth of tumor invasion (T staging) and detection of lymph node enlargement (N staging) by EUS and CT were compared with the pathological staging after endoscopic or surgical resection. **Results:** A total of 4850 patients were finally analyzed. The overall accuracy of T staging by EUS was 51.7%; 59.6% in early gastric cancer, and 28.9% in advanced gastric cancer. When T1a and T1b were combined as T1, the accuracy of T staging by EUS and CT was 76.7% and 70.2%, respectively ( $p < 0.001$ ). The accuracy of N staging by EUS and CT was 78.7% and 81.4%, respectively ( $p < 0.001$ ). In multivariate analysis, the accuracy of T staging by EUS was significantly decreased by presence of ulcer, large tumor size, and advanced stage. **Conclusions:** EUS was superior to CT in T staging of gastric cancer. Presence of ulcer, large tumor size, and advanced stage were associated with decreased accuracy in T staging.