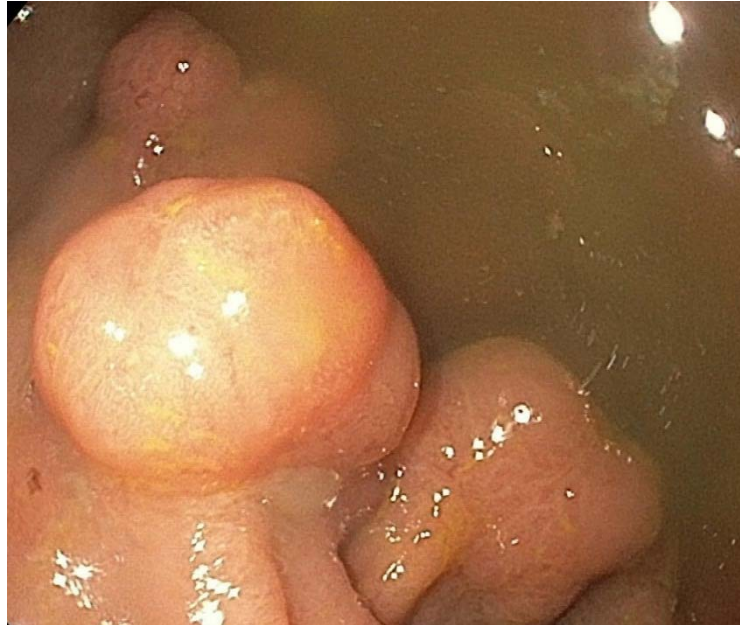


Question 17 – November 21

A 56 year old male with ETOH cirrhosis and significant ongoing ETOH abuse was found to have these antral lesions on a routine upper endoscopy for variceal screening:



Concerned for antral varices, an endoscopic ultrasound with Doppler flow was requested and performed (marked with asterisk):



What would you recommend next?

- A. Polypectomy
- B. ETOH cessation
- C. US abdomen with dopplers
- D. Splenectomy
- E. Reassurance

Answer: A

EUS image confirms that the lesion is confined to the mucosa (layer 1 and layer 2). The lesion is solid and does not have Doppler signal which confirms that it is a polyp. Biopsy or polypectomy of one or representative lesions can be safely performed. US abdomen with dopplers to evaluate for splenic vein thrombosis or splenectomy are not recommended as these do not represent antral varices. ETOH abuse may or may not necessarily be the cause of these polyps. As the polyps increase in size, there is a greater risk of harboring dysplasia or adenocarcinoma.

Reference:

Endosonography. Hawes R. and Fockens P. Section III. Chapter 10. Submucosal lesions. Published 2010