8/5/2019
A 33-year-old female with familial adenomatous polyposis presents for surveillance upper endoscopy. She currently takes omeprazole 40mg daily for gastroesophageal reflux disease. Prior to initiation of omeprazole, she had daily retrosternal burning worse with meals. Gastric image from upper endoscopy is shown. What do you recommend?

A. Stop omeprazole
B. Continue omeprazole but lower the dose to 20mg
C. Replace omeprazole with ranitidine
D. Continue omeprazole at 40mg

Answer: D
Rationale: Familial adenomatous polyposis is a hereditary cancer syndrome. Nearly all individuals develop colon adenocarcinoma, the risk of which can be significantly reduced with prophylactic colectomy. After colon cancer, individuals are at risk for duodenal carcinoma, for which they receive routine endoscopic surveillance. Other upper gastrointestinal findings include fundic gland polyps, which are thought to be benign. They can be present in up to 90% of individuals and only rare cases of gastric cancer have been reported. Though PPIs are associated with increased fundic gland polyposis, they have been associated with less dysplasia. Given that she has symptomatic reflux with daily symptoms, the best answer choice is D.