

# Image

## Lynch Syndrome Affecting...the Esophagus? A Polypoid Lesion Arising From a Gastric Inlet Patch

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A 71-year-old man with MSH2-related Lynch syndrome manifested by colorectal cancer status post colonic resection and prostate cancer status post radiation therapy underwent surveillance esophagogastroduodenoscopy. A 14-mm semipedunculated esophageal polyp, which arose in a gastric inlet patch, was found 20 cm from the incisors (**a**). A second inlet patch was observed on the contralateral esophageal wall. The polyp was removed through endoscopic mucosal resection (**b**). Histology revealed polypoid high-grade glandular dysplasia with intestinal metaplasia. This was adjacent to non-adenomatous gastric mucosa, which itself was adjacent to normal squamous mucosa (**c**). Because there was some suspicion for invasive carcinoma, surveillance esophagogastroduodenoscopy was performed 4 months later. Biopsies from the mucosectomy scar and surrounding nodular mucosa revealed squamous epithelium without dysplasia or neoplasm. We present the finding of a high-grade dysplastic lesion with intestinal metaplasia arising from a gastric inlet patch. Such lesions in the general population are extremely rare, with 1 reported case with polyp progression to adenocarcinoma in a patient with Lynch syndrome. The lesion in our case was endoscopically removed before progression to invasive carcinoma. This case highlights the need for diligent inspection for heterotopic gastric mucosa in patients with Lynch syndrome undergoing esophagogastroduodenoscopy. (Informed consent was obtained from the patient to publish these images.)

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