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Summary

FEATURES OF NON-CARDIA GASTRIC CANCER AND DYSPLASIA IN PATIENTS WITH MULTIFOCAL AND CORPUS-RESTRICTED ATROPHIC GASTRITIS: A MULTICENTER, CROSS-SECTIONAL STUDY

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A multicenter Italian study of 84 patients found that gastric dysplasia and cancer occur with similar frequency in both multifocal and corpus-restricted atrophic gastritis, though with differences in lesion location and morphology.

KEY POINTS

- Gastric dysplasia and cancer occurred in similar proportions in multifocal atrophic gastritis (53.5% cancer) and corpus-restricted atrophic gastritis (59.0% cancer), with no significant difference in distribution of high-grade dysplasia, low-grade dysplasia, or cancer between the two groups.
- In corpus-restricted atrophic gastritis, lesions were more frequently polypoid (51.6% versus 27.3%, p=0.048) and more often located in the corpus (55.3% versus 28.6%, p=0.02), though they also occurred in the antrum (34.2%) and incisura (10.5%).
- Intestinal-type gastric cancer was more frequent in multifocal atrophic gastritis (87% versus 60.9%, p=0.046), while diffuse-type cancer was twice as frequent in corpus-restricted atrophic gastritis (26.1% versus 13%), though not statistically significant.
- Patient outcomes were similar between groups (90.7% versus 92.1% alive), despite corpus-restricted atrophic gastritis patients undergoing surgery more frequently (48.6% versus 23.1%, p=0.0207).
- The authors suggest that endoscopic and histological surveillance should be considered in patients with gastric corpus atrophy regardless of whether the atrophy is multifocal or corpus-restricted.

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