

GASTRIC INTESTINAL METAPLASIA SUBTYPES IN PATIENTS WITH AUTOIMMUNE ATROPHIC GASTRITIS COMPLICATED WITH GASTRIC CANCER OR DYSPLASIA

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Poster

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A case-control study found that complete intestinal metaplasia is equally prevalent in autoimmune atrophic gastritis patients with and without gastric cancer or dysplasia, challenging the use of incomplete intestinal metaplasia as a neoplastic risk predictor in this population.

KEY POINTS

- Among 15 autoimmune atrophic gastritis patients who developed gastric cancer or dysplasia, 80% exhibited all three histological markers of complete intestinal metaplasia (Paneth cells, goblet cells, and brush border), compared to 81% of 38 control patients without neoplastic lesions ($p=0.75$).
- The presence of individual markers—Paneth cells (87% vs 84%), goblet cells (100% vs 100%), and brush border (93% vs 95%)—was similar between cases and controls, with no statistically significant differences.
- Complete intestinal metaplasia was more common than incomplete intestinal metaplasia in autoimmune atrophic gastritis patients both with and without neoplastic lesions, and gastric neoplastic lesions occurred in the absence of incomplete intestinal metaplasia.
- The authors conclude that incomplete intestinal metaplasia is not reliable as a predictor for neoplastic risk in autoimmune atrophic gastritis and recommend further studies to identify new markers of neoplastic progression.
- This study is most relevant to gastroenterologists and pathologists managing surveillance in autoimmune atrophic gastritis patients.

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