ASSESSING THE FREQUENCY OF TYPE I GASTRIC NEUROENDOCRINE NEOPLASMS IN AUTOIMMUNE ATROPHIC GASTRITIS: A MULTI-CENTER STUDY IN ITALY

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A multicenter Italian study of 612 autoimmune atrophic gastritis patients found that 108 developed type I gastric neuroendocrine neoplasms over median 4-year follow-up, with significantly higher gastrin levels in those who developed neoplasms.

KEY POINTS

- Among 612 patients with autoimmune atrophic gastritis followed for a median of 4 years with a median of two upper endoscopies per patient, 108 patients developed 125 gastric neuroendocrine neoplasms.
- All neuroendocrine neoplasms were well-differentiated, with 86 of 103 graded lesions classified as G1, 17 as G2 with Ki-67 under 10 percent, and no G3 lesions observed; 95.2 percent were located in the body or fundus with a median size of 5 mm.
- Patients with autoimmune atrophic gastritis who developed neuroendocrine neoplasms had significantly higher median gastrin levels compared to those without neoplasms (874 versus 581.5 pg/mL, p equals 0.014), but no significant differences in chromogranin A levels, proton-pump inhibitor use, OLGA and OLGIM stages, or H. pylori status.
- Treatment consisted of endoscopic removal in 73.1 percent, gastrectomy in 9.2 percent, somatostatin analog therapy in 11.1 percent for multifocal or recurrent disease, and monitoring only in 6.5 percent.
- The authors conclude that regular endoscopic surveillance and thorough histopathological examination are crucial strategies for early diagnosis and treatment of type I gastric neuroendocrine neoplasms in autoimmune atrophic gastritis patients.

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