Stomach

Stomach

Incidence These are rare with an incidence of 0.2 per 100 /uni00A0 000 population per year. Pathology There are three types: 1 Type I polyps: associated with atrophic gastritis with high pH and gastrin levels. 2 Type II polyps/small tumours (<1 /uni00A0 cm): arise secondary to small gastrinoma with low gastric pH and high gastrin levels (ZES). - 3 Type III: these are larger tumours (>1–2 /uni00A0 cm), associated with low gastrin. ectum). Types I and II are derived from ECL cells. Type III are almost always malignant and are treated like gastric adenocar - cinoma, although liver metastases are common at the time of presentation. Clinical presentation Type I (70–80%) are usually found at gastroscopy in the investigation of vague dyspeptic symptoms. Type II (5%), ZES (see Pancreatic neuroendocrine tumours), presents with multiple and complicated peptic ulcers. Type III (15–25%) typically present with bleeding or discomfort. Diagnosis - Upper intestinal endoscopy is the gold standard with biopsy of identified lesions. EUS is pivotal in measuring tumour depth. - 68 Staging is done with CT , SRS or Ga-DOTATOC PET . Treatment - Medical Type I is managed with vitamin B12 and type II with PPIs with or without endoscopic resection of all visible tumours. Patients are then subjected to annual endoscopic surveillance. Surgical Absolute indications for surgery include: /uni25CF a visualised gastrinoma; /uni25CF type III gastric NET .

Revision #1
Created 2025-12-31 15:21:24 UTC by Omar Ayman
Updated 2025-12-31 15:21:24 UTC by Omar Ayman