

中文題目：非壺腹十二指腸上皮腫瘤的臨床和內視鏡表徵

英文題目：Clinical characteristics and endoscopic features of non-ampullary duodenal epithelial tumors

作者：卓韋儒，姚志謙，吳鎮琨，盧龍生，梁志明，胡銘倫，戴維震，周業彬，邱逸群，吳耿良，蔡成枝

服務單位：高雄長庚紀念醫院胃腸肝膽科系暨長庚大學醫學院

Background:

Sporadic superficial non-ampullary duodenal epithelial tumors (SNADETs) are usually benign neoplastic or non-neoplastic origins, asymptomatic and found incidentally by esophagogastroduodenoscopy (EGD) screening. However, some of the neoplastic lesions such as adenoma may progress to adenocarcinoma overtime. Although the prevalence of duodenal adenocarcinoma is less than 5% of gastrointestinal malignancies, the prognosis is dismal when it is diagnosed at the advanced stages.

Methods:

This is retrospective chart review study on 104945 patients who underwent EGD in Kaohsiung Chang Gung Memorial hospital, Taiwan between January 2013 to May 2020. A total of 625 patients with histologically confirmed SNADETs were recruited and analyzed by dividing them into two groups according to the pathologist reports: (1) non-neoplastic group, N=467, 74.7%) and (2) neoplastic group (N=158, 25.3%).

Results:

Among the 467 non-neoplastic SNADETs, 301 were inflammatory polyps (64.5%), 138 heterotrophic gastric mucosa (29.6%), 41 hyperplastic polyp (8.8%), 1 lymphangiectasia (0.2%) and 1 Brunner's gland (0.2%). For the other 158 neoplastic SNADETs, 124 of them were adenomatous lesions: low to moderate grade dysplasia (LMGD) (n=78, 49.3%), high grade dysplasia (HGD) (n=11, 6.96%), and superficial adenocarcinoma (SAC) (n=35, 22.2%). The other 34 non-adenomatous were all malignant lesion: Gastrointestinal stromal tumor (n=2, 1.27%), lymphoma (n=9, 5.70%), neuroendocrine tumors (n=9, 5.70%), and metastatic carcinoma (n=14, 8.86%). All together there were a total of 69 malignant neoplastic lesions (n=35 in the adenomatous subgroup and n=34 in the non-adenomatous subgroup). There were significant differences between neoplastic SNADETs and non-neoplastic SNADETs for Helicobacter pylori infection, size, multiple lesions, colors of lesions, locations and growth ($p < 0.05$). Among the 124 adenomatous lesions, a significantly greater number of HGD and SAC were found in the older patients ($p = 0.017$), tumor diameter $> 5\text{mm}$ ($p = 0.001$), solitary ($p = 0.005$), as well as predominantly red color ($p < 0.001$) and macroscopic appearance of depressed type ($p = 0.047$). Multivariate logistic regression analysis revealed that tumor size (OR= 5.811; 95% CI: 1.220 –27.676; $p = 0.027$), red-color (OR= 5.306; 95% CI: 2.102 –13.391; $p < 0.001$) were the independent risk factors for HGD and SAC.

Conclusions:

This study suggested that non-ampullary duodenal epithelial lesions were mostly benign lesions. However, solitary lesion, macroscopic appearance of depressed type, especially reddish color polyp and tumor size >5mm could imply HGD and SAC in this patient cohort.