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Prevalence of Portal Hypertensive Polyps in Portal Hypertension

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Abstract

Aim:

The aim was to estimate the prevalence of portal hypertensive polyps in patients with portal hypertension due to any etiology.

Methods:

This is a prospective observational study of patients with portal hypertensive polyps. All patients in age group of 18 to 80 years who had portal hypertension diagnosed by clinical, laboratory and imaging criteria who went upper gastro intestinal endoscopy from the period of August 2020 to May 2021 were included in the study. Diagnosis of portal hypertensive polyps was confirmed histologically. Patients with proton pump inhibitor use, gastric varices, h. pylori gastritis, history of inherited polyposis syndromes, patients who refused consent were excluded.

Results:

Upper GI endoscopies were done on 430 patients who had portal hypertension. Polyps were noted in 7 patients. Out of 428 patients 368 had chronic liver disease and 62 had extrahepatic portal hypertension.There is no specific endoscopic features to identify portal hypertensive polyps.

Conclusions:

Portal hypertensive polyps are rare. There is no specific endoscopic features. Biopsy is necessary for diagnosis. Longterm studies are needed to characterise their significance.

Keywords:

Portal hypertension, Portal hypertensive polyp, Polyp in cirrhosis

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I. Introduction:

Gastric mucosal changes in portal hypertension (PH) are well known, but gastroduodenal polyps in Portal hypertension are rarely described.

Portal hypertensive polyps have been reported to occur in the stomach and less commonly elsewhere in the bowel.It is associated with cirrhotic portal hypertension but do occur Extra hepatic portal vein obstruction (EHPVO)

There is no clear diagnostic criteria for portal hypertensive polyps.

There is no known increase in the risk of gastric cancers in cirrhosis or portal hypertension.

Microscopicallygastric portal hypertensive polyps are diagnosed with the presence of variable foveolar hyperplasia of the epithelium along with underlying vascular proliferation

The probable cause for portal hypertensive polyps is supposed to be due to reactive changes in response to the increased vascularity in portal hypertension.

Aim:

To estimate the prevalence of upper gastrointestinal (GI) polyps in patients with Portal hypertension.

Methods:

It is a prospective cohort study between August 2020 – May 2021.

INCLUSION CRITERIA:

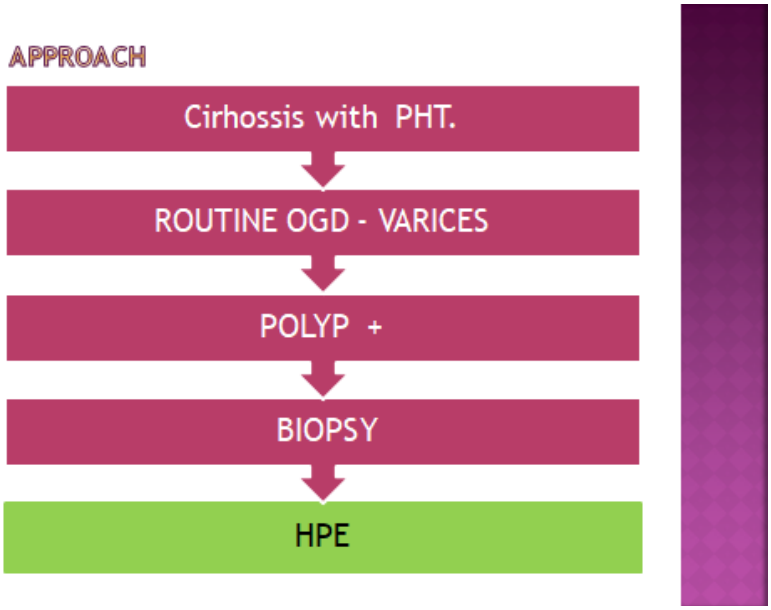
- Aged between 18 and 80 year.

- Cirrhosis with PHT.
- EHPVO.

EXCLUSION CRITERIA:

- Proton pump inhibitor use
- Gastric varices.
- H.pylori – RUT +.
- History of Inherited Polyposis Syndromes.
- Patients who refused consent.

Patients are selected under the inclusion criteria in our study and diagnostic endoscopy done. If polyp is identified biopsy is taken & sent for HPE



II. Results:

⦿ NO OF PATIENTS WITH PORTAL HYPERTENSION -430
⦿ NO OF PATIENTS WITH POLYPS IN THE PHT -7

A total of 430 upper GI endoscopies were done in patients with portal hypertension. Polyps were noted in 7 patients. Out of 430 patients 368 had chronic liver disease and 62 had extrahepatic portal hypertension.Histopathological examination showed four had extensive vascular proliferation and glandular hyperplasiaportal hypertensive polyp two had hyperplastic polyp and one had neuroendocrine tumour. Endoscopic appearances of polyps varied considerably, with sizes ranging from 5 mm to 15 mm. Polyps were sessile or pedunculated, singular or multiple, found in the antrum, body of the stomach. There are no specific endoscopic features to identify portal hypertensive polyps. All of the portal hypertensive polyp seen only in chronic liver disease but not in extrahepatic portal hypertension

III. Discussion:

As per Amarapurkar et al.

⦿ Gastric and duodenal polyps in 16 (2.53 %) patients.
⦿ Nine of these were diagnosed as PHP, six as hyperplastic polyp, and one as fundic gland polyp.
⦿ On comparing PHP with PHG capillaries in the lamina propria were similar but -changes were significantly more frequent ($p<0.001$) /without PH.
⦿ no difference in the age, gender, the frequency of polyps, and their histological types in the portal hypertensive and non-portal hypertensive groups.
⦿ prevalence (2.53 % vs. 3.3 %, $p=0.4$)

As per Lam MC et al

⦿ Retrospective study from Canada, only 12 cases were identified over 20 years
⦿ 12 PHT gastric hyperplastic polyps. hyperplastic polyps 21 patients Non –PHT

⦿ The endoscopic appearances PHT- sizes -up to 18 mm. /sessile or pedunculated, singular or multiple, found in the antrum or body of the stomach- appeared to be typical hyperplastic polyps.
⦿ Histopathological -mucosal hyperplasia and extensive vascular proliferation and granulation tissue formation

IV. Conclusion:

⦿ Unique histological appearance
⦿ The exact pathogenetic mechanism of polyp formation is unclear
- mucosal injury that is vascular in nature rather than being secondary to surface inflammation.
⦿ Identification and management of portal hypertension-associated gastric polyps presents at therapeutic dilemma.
⦿ Further studies are needed in a number of areas to answer the new questions
⦿ Till date there is no data on malignant potential in PH polyps.

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