**Gastric adenoma: to resect, ablate, or not**

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There are no generally accepted definitions of dysplasia and adenoma of the stomach. Dysplasia is best defined as an unequivocal neoplastic epithelial alteration. Detailed histological findings of gastric dysplasias have been described in many literatures. However, endoscopic or gross findings of gastric dysplasia need to be studied in more detail. Macroscopically, two types of dysplasias are recognized: elevated dysplasia and flat/depressed dysplasia.

Definition for adenoma is somewhat confusing. In the western countries, adenomas mean elevated or nodular lesions with dysplasia in histology, so only elevated type of dysplasias are considered as adenomas. In the eastern countries, however, both elevated and flat/depressed types of dysplasia are considered as adenomas. Actually, the terms dysplasia and adenoma are thought to be the same thing in the clinical practice. The difference is who prefers what. Usually, pathologists prefer dysplasia, and endoscopists prefer adenoma.

Dysplasias are graded as either high grade or low grade. So, adenomas (= dysplasias) can be divided as adenoma with low grade dysplasia (LGD) and adenoma with high grade dysplasia (HGD). In Korean pathologists' tradition, adenoma usually means adenoma with LGD.

In Korea, gastric adenomas with HGD are usually treated by endoscopic resection. In the final pathology for the resected specimen, 1/3 to 1/2 of adenomas with HGD are upgraded as cancer. Therapeutic approach for adenomas with HGD should be the same for early gastric cancers within absolute indications for endoscopic submucosal dissection (ESD).

Situations for gastric adenomas with LGD are quite different. After endoscopic resection of adenoma with LGD, the risk of histological upgrading is relatively small. About 10-20% of adenomas with LGD are upgraded to adenoma with HGD and 5-10% are upgraded to early gastric cancers. So, the clinical options for adenomas with LGD can be resection (EMR or ESD), ablation, and observation. In the lecture, some data regarding the advantages and disadvantages of each treatment options will be discussed.

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