PENTAX i-SCAN™ with MALT



Case Study

For Medical Professionals

Patient History

A 64-year-old male patient was referred for symptoms of epigastic abdominal pain, nausea, bloating and dyspepsia symptoms. He denied any symptoms of vomiting, hemetemesis or coffeeground emesis. He also did not have any constitutional symptoms of weight loss, fevers chills or rigors. His appetite was diminished and he had mild early satiety. Physical examination findings and index laboratory testing were otherwise within normal limits. A twoweek trial of proton pump inhibitor (PPI) prescribed by his primary care physician did not significantly relieve his symptoms. He was referred for upper endoscopy as an outpatient.

EGD Findings:

Upper endoscopy exam was performed with the PENTAX Medical EG-2790K endoscope. The esophagus and duodenum appeared normal. However, in the body and fundus of the stomach, EGD with white light endoscopy (WLE) demonstrated pale, atrophicappearing mucosa on appearance that could be consistent with gastritis or

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3 Paragon Drive Montvale, NJ 07645 Phone + 1 800 431 5880 Fax + 1 201 391 4189 www.pentaxmedical.com gastropathy (Figure 1). Subsequently i-SCAN 1 and i-SCAN 2 modes were switched on and utilized (Figure 2 and 3). This demonstrated a patch of yellow pale mucosa, with surrounding nodular, edematous gastric folds. The nodular folds were apparent and prominent using i-SCAN imaging modalities and allowed for focused targeting with biopsy forceps. Biopsies were performed and histopathology demonstrated low-grade Mucosa-Associate Lymphoid Tissue Lymphoma (MALT) (Figure 4).

Patient Follow-up and Outcome:

Early detection is crucial for the cancer of the head and neck. Meticulous tests are needed especially for high-risk groups such as heavy smokers, heavy drinkers, and those with a history of esophageal cancer. VNL-1590STi, which possesses observational capabilities on par with those of gastrointestinal endoscopes, but maintaining the operability of video naso-pharyngo-laryngoscope, is an effective tool for observation of early-stage lesions.



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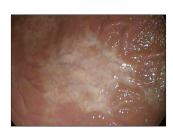


Figure 1



Figure 2

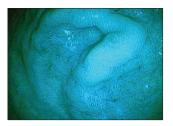


Figure 3

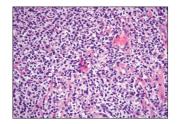


Figure 4