

World Journal of *Clinical Cases*

World J Clin Cases 2022 December 6; 10(34): 12462-12803



FIELD OF VISION

- 12462 Problematics of neurosurgical service during the COVID-19 pandemic in Slovenia
Munda M, Bosnjak R, Velnar T

MINIREVIEWS

- 12470 Circulating angiotensin converting enzyme 2 and COVID-19
Leowattana W, Leowattana T, Leowattana P
- 12484 Evaluation of gut dysbiosis using serum and fecal bile acid profiles
Monma T, Iwamoto J, Ueda H, Tamamushi M, Kakizaki F, Konishi N, Yara S, Miyazaki T, Hirayama T, Ikegami T, Honda A
- 12494 Pediatric kidney transplantation during the COVID-19 pandemic
Tamura H

ORIGINAL ARTICLE**Clinical and Translational Research**

- 12500 *Coptis*, *Pinellia*, and *Scutellaria* as a promising new drug combination for treatment of *Helicobacter pylori* infection
Yu Z, Sheng WD, Yin X, Bin Y

Case Control Study

- 12515 Effects of illness perception on negative emotions and fatigue in chronic rheumatic diseases: Rumination as a possible mediator
Lu Y, Jin X, Feng LW, Tang C, Neo M, Ho RC

Retrospective Study

- 12532 Significance of incidental focal fluorine-18 fluorodeoxyglucose uptake in colon/rectum, thyroid, and prostate: With a brief literature review
Lee H, Hwang KH
- 12543 Follow-up study on ThinPrep cytology test-positive patients in tropical regions
Chen YC, Liang CN, Wang XF, Wang MF, Huang XN, Hu JD
- 12551 Effect of teach-back health education combined with structured psychological nursing on adverse emotion and patient cooperation during ^{99m}Tc -3PRGD2.SPECT/CT
Gong WN, Zhang YH, Niu J, Li XB
- 12559 Nosocomial infection and spread of SARS-CoV-2 infection among hospital staff, patients and caregivers
Cheng CC, Fann LY, Chou YC, Liu CC, Hu HY, Chu D

Observational Study

- 12566** Effectiveness and safety of generic and brand direct acting antivirals for treatment of chronic hepatitis C
Abdulla M, Al Ghareeb AM, Husain HAHY, Mohammed N, Al Qamish J
- 12578** Influence of group B streptococcus and vaginal cleanliness on the vaginal microbiome of pregnant women
Liao Q, Zhang XF, Mi X, Jin F, Sun HM, Wang QX

Randomized Controlled Trial

- 12587** Clinical study on tri-tongue acupuncture combined with low-frequency electrical stimulation for treating post-stroke dysarthria
Man B, Li WW, Xu JF, Wang Q

META-ANALYSIS

- 12594** Three-dimensional time-of-flight magnetic resonance angiography combined with high resolution T2-weighted imaging in preoperative evaluation of microvascular decompression
Liang C, Yang L, Zhang BB, Guo SW, Li RC

CASE REPORT

- 12605** Acute cytomegalovirus hepatitis in an immunocompetent patient: A case report
Wang JP, Lin BZ, Lin CL, Chen KY, Lin TJ
- 12610** Long-term results of extended Boari flap technique for management of complete ureteral avulsion: A case report
Zhong MZ, Huang WN, Huang GX, Zhang EP, Gan L
- 12617** Amyloid β -related angiitis of the central nervous system occurring after COVID-19 vaccination: A case report
Kizawa M, Iwasaki Y
- 12623** Pseudoileus caused by primary visceral myopathy in a Han Chinese patient with a rare MYH11 mutation: A case report
Li N, Song YM, Zhang XD, Zhao XS, He XY, Yu LF, Zou DW
- 12631** Emergent use of tube tip in pharynx technique in "cannot intubate cannot oxygenate" situation: A case report
Lin TC, Lai YW, Wu SH
- 12637** Inflammatory myofibroblastic tumor of the central nervous system: A case report
Su ZJ, Guo ZS, Wan HT, Hong XY
- 12648** Atypical aggressive vertebral hemangioma of the sacrum with postoperative recurrence: A case report
Wang GX, Chen YQ, Wang Y, Gao CP
- 12654** Closed reduction of hip dislocation associated with ipsilateral lower extremity fractures: A case report and review of the literature
Xu Y, Lv M, Yu SQ, Liu GP

- 12665** Repair of a large patellar cartilage defect using human umbilical cord blood-derived mesenchymal stem cells: A case report
Song JS, Hong KT, Song KJ, Kim SJ
- 12671** Abdominal bronchogenic cyst: A rare case report
Li C, Zhang XW, Zhao CA, Liu M
- 12678** Malignant fibrous histiocytoma of the axilla with breast cancer: A case report
Gao N, Yang AQ, Xu HR, Li L
- 12684** Rapid hemostasis of the residual inguinal access sites during endovascular procedures: A case report
Kim H, Lee K, Cho S, Joh JH
- 12690** Formation of granulation tissue on bilateral vocal cords after double-lumen endotracheal intubation: A case report
Xiong XJ, Wang L, Li T
- 12696** Giant cellular leiomyoma in the broad ligament of the uterus: A case report
Yan J, Li Y, Long XY, Li DC, Li SJ
- 12703** Pomolidomide for relapsed/refractory light chain amyloidosis after resistance to both bortezomib and daratumumab: A case report
Li X, Pan XH, Fang Q, Liang Y
- 12711** Ureteral- artificial iliac artery fistula: A case report
Feng T, Zhao X, Zhu L, Chen W, Gao YL, Wei JL
- 12717** How to manage isolated tension non-surgical pneumoperitonium during bronchoscopy? A case report
Baima YJ, Shi DD, Shi XY, Yang L, Zhang YT, Xiao BS, Wang HY, He HY
- 12726** Amiodarone-induced muscle tremor in an elderly patient: A case report
Zhu XY, Tang XH, Yu H
- 12734** Surgical treatment of Pitt-Hopkins syndrome associated with strabismus and early-onset myopia: Two case reports
Huang Y, Di Y, Zhang XX, Li XY, Fang WY, Qiao T
- 12742** Massive low-grade myxoid liposarcoma of the floor of the mouth: A case report and review of literature
Kugimoto T, Yamagata Y, Ohsako T, Hirai H, Nishii N, Kayamori K, Ikeda T, Harada H
- 12750** Gingival enlargement induced by cyclosporine in Medullary aplasia: A case report
Victory Rodríguez G, Ruiz Gutiérrez ADC, Gómez Sandoval JR, Lomeli Martínez SM
- 12761** Compound heterozygous mutations in PMFBP1 cause acephalic spermatozoa syndrome: A case report
Deng TQ, Xie YL, Pu JB, Xuan J, Li XM
- 12768** Colonic tubular duplication combined with congenital megacolon: A case report
Zhang ZM, Kong S, Gao XX, Jia XH, Zheng CN

- 12775** Perforated duodenal ulcer secondary to deferasirox use in a child successfully managed with laparoscopic drainage: A case report
Alshehri A, Alsinan TA
- 12781** Complication after nipple-areolar complex tattooing performed by a non-medical person: A case report
Byeon JY, Kim TH, Choi HJ
- 12787** Interventional urethral balloon dilatation before endoscopic visual internal urethrotomy for post-traumatic bulbous urethral stricture: A case report
Ha JY, Lee MS
- 12793** Regression of gastric endoscopic submucosal dissection induced polypoid nodular scar after *Helicobacter pylori* eradication: A case report
Jin BC, Ahn AR, Kim SH, Seo SY
- 12799** Congenital absence of the right coronary artery: A case report
Zhu XY, Tang XH

ABOUT COVER

Editorial Board Member of *World Journal of Clinical Cases*, Giuseppe Lanza, MD, MSc, PhD, Associate Professor, Department of Surgery and Medical-Surgical Specialties, University of Catania, Catania 95123, Italy.
glanza@oasi.en.it

AIMS AND SCOPE

The primary aim of *World Journal of Clinical Cases* (*WJCC*, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

WJCC mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

INDEXING/ABSTRACTING

The *WJCC* is now abstracted and indexed in Science Citation Index Expanded (SCIE, also known as SciSearch®), Journal Citation Reports/Science Edition, Current Contents®/Clinical Medicine, PubMed, PubMed Central, Scopus, Reference Citation Analysis, China National Knowledge Infrastructure, China Science and Technology Journal Database, and Superstar Journals Database. The 2022 Edition of Journal Citation Reports® cites the 2021 impact factor (IF) for *WJCC* as 1.534; IF without journal self cites: 1.491; 5-year IF: 1.599; Journal Citation Indicator: 0.28; Ranking: 135 among 172 journals in medicine, general and internal; and Quartile category: Q4. The *WJCC*'s CiteScore for 2021 is 1.2 and Scopus CiteScore rank 2021: General Medicine is 443/826.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: *Si Zhao*; Production Department Director: *Xu Guo*; Editorial Office Director: *Jin-Lei Wang*.

NAME OF JOURNAL

World Journal of Clinical Cases

ISSN

ISSN 2307-8960 (online)

LAUNCH DATE

April 16, 2013

FREQUENCY

Thrice Monthly

EDITORS-IN-CHIEF

Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

EDITORIAL BOARD MEMBERS

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

PUBLICATION DATE

December 6, 2022

COPYRIGHT

© 2022 Baishideng Publishing Group Inc

INSTRUCTIONS TO AUTHORS

<https://www.wjgnet.com/bpg/gerinfo/204>

GUIDELINES FOR ETHICS DOCUMENTS

<https://www.wjgnet.com/bpg/GerInfo/287>

GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH

<https://www.wjgnet.com/bpg/gerinfo/240>

PUBLICATION ETHICS

<https://www.wjgnet.com/bpg/GerInfo/288>

PUBLICATION MISCONDUCT

<https://www.wjgnet.com/bpg/gerinfo/208>

ARTICLE PROCESSING CHARGE

<https://www.wjgnet.com/bpg/gerinfo/242>

STEPS FOR SUBMITTING MANUSCRIPTS

<https://www.wjgnet.com/bpg/GerInfo/239>

ONLINE SUBMISSION

<https://www.f6publishing.com>

Regression of gastric endoscopic submucosal dissection induced polypoid nodular scar after *Helicobacter pylori* eradication: A case report

Byung Chul Jin, Ae Ri Ahn, Seong-Hun Kim, Seung Young Seo

Specialty type: Gastroenterology and hepatology

Provenance and peer review:

Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's scientific quality classification

Grade A (Excellent): 0

Grade B (Very good): 0

Grade C (Good): C, C

Grade D (Fair): D

Grade E (Poor): 0

P-Reviewer: Chiba H, Japan; Gao YL, China; Li P, China

Received: October 4, 2022

Peer-review started: October 4, 2022

First decision: October 21, 2022

Revised: November 2, 2022

Accepted: November 8, 2022

Article in press: November 8, 2022

Published online: December 6, 2022



Byung Chul Jin, Seong-Hun Kim, Seung Young Seo, Department of Internal Medicine, Jeonbuk National University Medical School, Research Institute of Clinical Medicine of Jeonbuk National University-Biomedical Research Institute of Jeonbuk National University Hospital, Jeonju 54907, South Korea

Ae Ri Ahn, Department of Pathology, Jeonbuk National University Medical School, Research Institute of Clinical Medicine of Jeonbuk National University, Biomedical Research Institute of Jeonbuk National University Hospital, and Research Institute for Endocrine Sciences, Jeonju 56445, South Korea

Corresponding author: Seung Young Seo, MD, PhD, Professor, Department of Internal Medicine, Jeonbuk National University Medical School, Research Institute of Clinical Medicine of Jeonbuk National University-Biomedical Research Institute of Jeonbuk National University Hospital, 20 Geonji-ro, Deokjin-gu, Jeonju 54907, South Korea.

bear7905@jbnu.ac.kr

Abstract

BACKGROUND

Endoscopic submucosal dissection (ESD) is the treatment of choice for early gastric cancer and premalignant gastric dysplasia. In some cases, ESD induced ulcer heals as a polypoid nodular scar (PNS). These scars may make the physicians raise several clinical implications such as post-ESD neoplastic recurrence.

CASE SUMMARY

We described a case of gastric ESD induced PNS which is regressed after *Helicobacter pylori* (*H. pylori*) eradication. A 58-year-old male patient was referred to the outpatient clinic for evaluation and treatment of gastric low-grade dysplasia (LGD). ESD was performed. A PNS was developed at the ESD site. An endoscopic biopsy was done and there was no histological evidence of remnant tumor or recurrence but a hyperplastic mucosal change. The PNS showed increase in size in follow-up endoscopy, and the biopsy specimen demonstrated *H. pylori* infestation. *H. pylori* eradication was done and the PNS was regressed.

CONCLUSION

H. pylori eradication is considerable for the regression of PNS if *H. pylori* infesta-

tion is confirmed.

Key Words: Polypoid nodular scar; *Helicobacter pylori*; Endoscopic submucosal dissection; Case report

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: We report a case of gastric endoscopic submucosal dissection induced polypoid nodular scar and regression after *Helicobacter pylori* eradication.

Citation: Jin BC, Ahn AR, Kim SH, Seo SY. Regression of gastric endoscopic submucosal dissection induced polypoid nodular scar after *Helicobacter pylori* eradication: A case report. *World J Clin Cases* 2022; 10(34): 12793-12798

URL: <https://www.wjgnet.com/2307-8960/full/v10/i34/12793.htm>

DOI: <https://dx.doi.org/10.12998/wjcc.v10.i34.12793>

INTRODUCTION

Endoscopic submucosal dissection (ESD) is the preferred treatment of choice for patients with early gastric cancer (EGC) or premalignant lesions such as gastric dysplasia[1]. It enables minimally invasive and organ-sparing en-bloc resection of the tumor lesions with invasion limited to the mucosal or submucosal layer and with little or no lymph node metastasis. After a curative gastric ESD, typically homogenous and whitish scar change is found on the ESD site. However, in some cases, particularly with lesions located in the antrum of the stomach, the hyperemic polypoid nodular overgrowths of mucosa have been noted after ESD[2,3]. Though the exact mechanism that causes polypoid nodular scar (PNS) is unknown, one study found that 57% of PNS cases were *Helicobacter pylori* (*H. pylori*) positive, implying a link between *H. pylori* infestation and PNS[4]. Herein, we present a case of gastric ESD induced PNS and regression after *H. pylori* eradication. This case report was approved by the Institutional Review Board of Jeonbuk National University Hospital (IRB No. 2022-07-028), and the patient has signed informed consent to the publication of the case.

CASE PRESENTATION

Imaging examinations

Esophagogastroduodenoscopy showed an elevated nodule of about 2 cm in diameter at the greater curvature side of the antrum, and it was histologically confirmed as LGD. ESD was performed without any complications such as perforation and bleeding (Figure 1). Post-ESD histologic findings showed curative resection. Proton pump inhibitor (esomeprazole 40 mg) was prescribed for the healing of iatrogenic gastric ulcer during 8 wk after ESD. A follow-up endoscopy was done after 3 mo and demonstrated a PNS on the previous ESD site (Figure 2A). An endoscopic biopsy was done and the result revealed a hyperplastic polyp. (Figure 3A). After a year, a follow-up esophagogastroduodenoscopy was done and found that the size of the PNS was larger than that of the previous esophagogastroduodenoscopy (Figure 2B). Biopsy was done and *Helicobacter* gastritis without dysplasia was confirmed (Figure 3B).

Laboratory examinations

His laboratory evaluation revealed just a moderate rise (177 IU/L) of gamma-glutamyl peptidase.

Physical examination

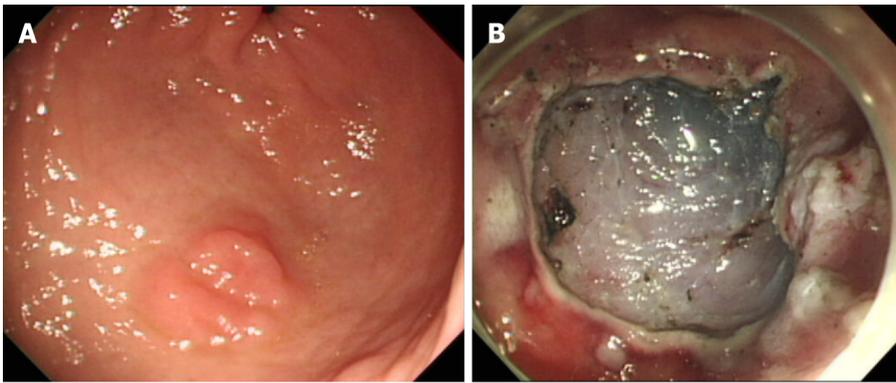
Physical examination was unremarkable, and his abdomen was soft, nontender, and nondistended with no palpable mass.

Personal and family history

His alcoholic history was notable, consuming about 2 pints of vodka per day, for 5-6 d in a week, with years of alcohol misuse.

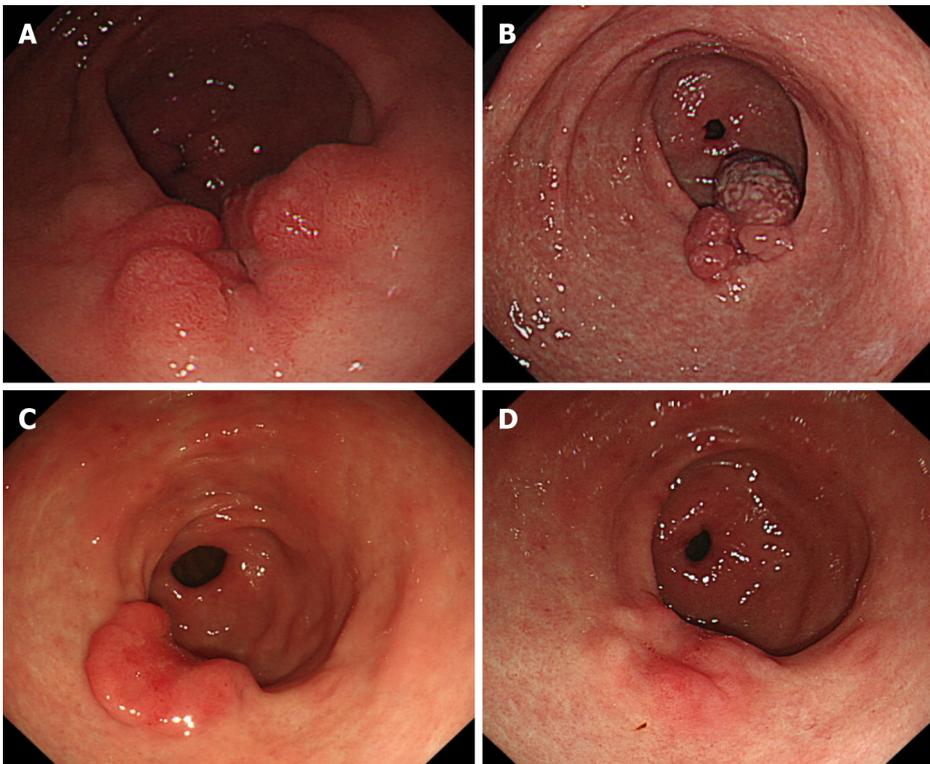
History of past illness

A year before his first presentation, he was diagnosed with hypertension, type II diabetes, and left.



DOI: 10.12998/wjcc.v10.i34.12793 Copyright ©The Author(s) 2022.

Figure 1 Endoscopic images. A: A gastric dysplasia at antrum; B: lacerogenic gastric ulcer after endoscopic submucosal dissection.



DOI: 10.12998/wjcc.v10.i34.12793 Copyright ©The Author(s) 2022.

Figure 2 Endoscopy. A: Polypoid nodular scar at previous endoscopic submucosal dissection site after 3 mo; B: Aggravation of polypoid nodular scar after 1 year; C: Decreased in size of the polypoid nodular scar, 1 year after *Helicobacter pylori* eradication; D: Regression of polypoid nodular scar, 2 year after *Helicobacter pylori* eradication.

Aldosterone-secreting adenoma, for which he received laparoscopic left adrenalectomy.

History of present illness

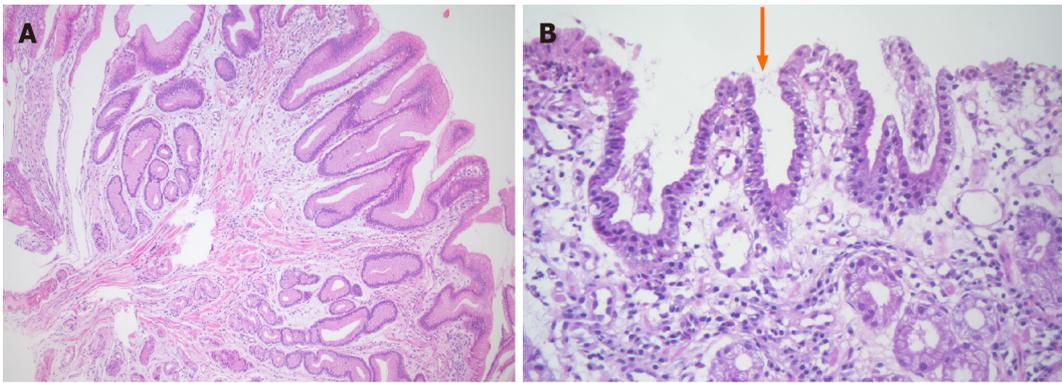
He denied having any accompanying symptoms.

Chief complaints

A 58-year-old male patient was referred to our hospital for treatment of low-grade dysplasia (LGD) at the antrum of the stomach.

FINAL DIAGNOSIS

The patient received a final diagnosis of gastric ESD induced PNS which is associated with *H. pylori*



DOI: 10.12998/wjcc.v10.i34.12793 Copyright ©The Author(s) 2022.

Figure 3 Endoscopic biopsy. A: Histologic finding of polypoid nodular scar, 3 mo after endoscopic submucosal dissection. Gastric hyperplastic polyp. This polyp shows tortuous distorted and dilated glands, abundant lamina propria. There is no evidence of dysplasia (hematoxylin and eosin, ×100); B: Histologic finding of polypoid nodular scar, 1 year after endoscopic submucosal dissection. *Helicobacter pylori* were identified within foveolar epithelium (arrow) (hematoxylin and eosin, ×400).

infestation.

TREATMENT

The patient was treated with the concomitant therapy (Lansoprazole 30 mg 1T bid + Amoxicillin 500 mg 2T bid + Clarithromycin 500 mg 1T bid + Metronidazole 250 mg 2T bid for 10 d) for *H. pylori* eradication. *H. pylori* eradication was assessed by a urea breath test.

OUTCOME AND FOLLOW-UP

Endoscopy was performed after 1 year of *H. pylori* eradication and revealed a significant decrease in the size of the PNS (Figure 2C). After two years of *H. pylori* eradication, the PNS was regressed (Figure 2D).

DISCUSSION

PNS, a protuberant polypoid nodule, which develops 3 to 18 mo after ESD mostly in the gastric antrum, is prevalent in men[2]. The incidence of PNS is not yet known due to its uncertainty during the follow-up, but a multi-centered study by Arantes *et al*[3] reports it to vary broadly from 1.7% to 13.3%. The mechanism of development of PNS is not fully understood. The healing process of post-ESD ulcers is thought to include the continuous growth of gastric mucosa and the convergence of folds at the ulcer rim[5]. This ulcer healing causes a progressive decrease in the size of the polypoid lesion, which eventually heals as a homogeneous, whitish flat scar after 8 wk, for which an oral proton pump inhibitor is administered following ESD[4]. However, the accelerated mucosal repair and pulling-out phenomenon of ulcer rim are suspected to contribute to the nodular overgrowth of mucosa and the development of PNS. Approximately 18% of the diagnosed PNS eventually disappeared, but the rest remained in various sizes[4]. A distinctive characteristic of PNS is its location, predominantly in the distal stomach such as the antrum, probably due to the locally thicker submucosal layer, generating more frequent inflammatory and regenerative reactions compared with other parts of the stomach[3].

There appear to be two primary clinical quandaries to resolve in PNS following the ESD operation. The first is the possibility of recurrence or persistent carcinoma following EGC removal; the second is the difficulty in distinguishing it from intramucosal carcinoma. However, in the studies undertaken by Arantes *et al*[4], all PNS cases located in the antrum exhibited no histological evidence of tumor recurrence but a hyperplastic alteration with intestinal metaplasia if curative resection was performed. In our case as well, PNS developed after ESD showed the biopsy-confirmed hyperplastic mucosal change.

In a study by Nam *et al*[6], which included 183 patients for an average follow-up of 2.2 years, 83.7% of hyperplastic polyps had disappeared by the time *H. pylori* eradication was completed; without eradication, only 16.3% of polyps disappeared, and there were even cases where the size increased and removal was considered. *H. pylori* induces epidermal cell proliferation and foveolar hyperplasia, resulting in hyperplastic polyp. These hyperplastic polyps regress after eradication, with improvement

in gastric mucosal inflammation[7]. Therefore, a successful eradication of *H. pylori* is thought to reduce the risk of developing hyperplastic polyp[8]. This demonstrates that the development of gastric hyperplastic polyp is associated with *H. pylori* infection at some instant and that the polyp regresses after eradication, as did with our case. Although reports on the relation between PNS and *H. pylori* are rare, as long as the biopsy of ESD induced PNS is histologically verified as benign and hyperplastic, *H. pylori* eradication should regress the nodule, as current guidelines indicate for stomach hyperplastic polyps[6]. Furthermore, the 2020 Korean guidelines for the treatment of *H. pylori* recommend eradication after the endoscopic resection of *H. pylori*-positive gastric tumors, including EGC and adenoma, because a lower rate of metachronous cancer recurrence was reported with the eradicated group[9]. Considering this clinical aspect, *H. pylori* eradication for ESD-induced PNS is reasonable in our case.

CONCLUSION

We present a case of ESD-induced PNS which was regressed after *H. pylori* eradication. Although reports on the relationship between PNS and *H. pylori* infection are rare and further study is needed to define it, the *H. pylori* eradication may be helpful for the PNS to regress. With the reduction of further injury to the gastric mucosa and less gastrointestinal morbidity, the prospective management of *H. pylori* could reduce the physician's concerns for remnant or recurred tumors along with unnecessary endoscopic surveillance in patients with gastric ESD induced PNS.

FOOTNOTES

Author contributions: Jin BC analyzed clinical data and drafted the manuscript; Kim SH, Seo SY advised and reviewed the manuscript; Ahn AR performed the pathologic review.

Informed consent statement: Informed written consent was obtained from the patient regarding the publication of this report and accompanying images.

Conflict-of-interest statement: All the authors declare that they have no conflict of interest.

CARE Checklist (2016) statement: The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

Open-Access: This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

Country/Territory of origin: South Korea

ORCID number: Byung Chul Jin 0000-0002-0651-7487; Ae Ri Ahn 0000-0002-6047-1627; Seong-Hun Kim 0000-0002-7592-8060; Seung Young Seo 0000-0003-2018-0013.

S-Editor: Liu JH

L-Editor: A

P-Editor: Liu JH

REFERENCES

- 1 **Park CH**, Yang DH, Kim JW, Kim JH, Min YW, Lee SH, Bae JH, Chung H, Choi KD, Park JC, Lee H, Kwak MS, Kim B, Lee HJ, Lee HS, Choi M, Park DA, Lee JY, Byeon JS, Park CG, Cho JY, Lee ST, Chun HJ. Clinical Practice Guideline for Endoscopic Resection of Early Gastrointestinal Cancer. *Clin Endosc* 2020; **53**: 142-166 [PMID: 32252507 DOI: 10.5946/ce.2020.032]
- 2 **Arantes V**, Uedo N, Salgado Pedrosa M. Polypoid nodular scar after endoscopic submucosal dissection in the gastric antrum. *Rev Gastroenterol Mex* 2017; **82**: 267-269 [PMID: 27894605 DOI: 10.1016/j.rgm.2016.03.008]
- 3 **Arantes V**, Uedo N, Pedrosa MS, Tomita Y. Clinical relevance of aberrant polypoid nodule scar after endoscopic submucosal dissection. *World J Gastrointest Endosc* 2016; **8**: 628-634 [PMID: 27668074 DOI: 10.4253/wjge.v8.i17.628]
- 4 **Arantes V**, Uedo N, Morita Y, Toyonaga T, Nakano Y, Pedrosa MS, Oda I, Saito Y, Suzuki H, Yamamoto K, Sato Y, Draganov PV. Polypoid nodule scar after gastric endoscopic submucosal dissection: results from a multicenter study. *Endosc Int Open* 2018; **6**: E1198-E1203 [PMID: 30302377 DOI: 10.1055/a-0607-2452]

- 5 **Naomi Kakushima NY**, Mitsuhiro Fujishiro, Atsushi Imagawa, Masashi Oka, Katsuya Kobayashi, Takuhei Hashimoto, Touru Motoi, Masao Omata. The Healing Process of Gastric Artificial Ulcers After Endoscopic Submucosal Dissection (JPN). *Gastrointestinal Endoscopy* 2004; **59** [DOI: [10.1016/s0016-5107\(04\)00464-x](https://doi.org/10.1016/s0016-5107(04)00464-x)]
- 6 **Nam SY**, Park BJ, Ryu KH, Nam JH. Effect of *Helicobacter pylori* eradication on the regression of gastric polyps in National Cancer Screening Program. *Korean J Intern Med* 2018; **33**: 506-511 [PMID: [29232943](https://pubmed.ncbi.nlm.nih.gov/29232943/) DOI: [10.3904/kjim.2016.286](https://doi.org/10.3904/kjim.2016.286)]
- 7 **Yasunaga Y**, Shinomura Y, Kanayama S, Higashimoto Y, Yabu M, Miyazaki Y, Kondo S, Murayama Y, Nishibayashi H, Kitamura S, Matsuzawa Y. Increased production of interleukin 1 beta and hepatocyte growth factor may contribute to foveolar hyperplasia in enlarged fold gastritis. *Gut* 1996; **39**: 787-794 [PMID: [9038658](https://pubmed.ncbi.nlm.nih.gov/9038658/) DOI: [10.1136/gut.39.6.787](https://doi.org/10.1136/gut.39.6.787)]
- 8 **Nam SY**, Park BJ, Ryu KH, Nam JH. Effect of *Helicobacter pylori* infection and its eradication on the fate of gastric polyps. *Eur J Gastroenterol Hepatol* 2016; **28**: 449-454 [PMID: [26735158](https://pubmed.ncbi.nlm.nih.gov/26735158/) DOI: [10.1097/MEG.0000000000000553](https://doi.org/10.1097/MEG.0000000000000553)]
- 9 **Jung HK**, Kang SJ, Lee YC, Yang HJ, Park SY, Shin CM, Kim SE, Lim HC, Kim JH, Nam SY, Shin WG, Park JM, Choi IJ, Kim JG, Choi M; Korean College of Helicobacter and Upper Gastrointestinal Research. Evidence-Based Guidelines for the Treatment of *Helicobacter pylori* Infection in Korea 2020. *Gut Liver* 2021; **15**: 168-195 [PMID: [33468712](https://pubmed.ncbi.nlm.nih.gov/33468712/) DOI: [10.5009/gnl20288](https://doi.org/10.5009/gnl20288)]



Published by **Baishideng Publishing Group Inc**
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA
Telephone: +1-925-3991568
E-mail: bpgoffice@wjgnet.com
Help Desk: <https://www.f6publishing.com/helpdesk>
<https://www.wjgnet.com>

