Russell body gastritis in an Hp-negative patient

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DESCRIPTION

A 79-year-old woman with a longstanding gastro-oesophageal reflux disease was admitted to the emergency room for haematemesis without other symptoms. The patient presented hemodynamic stability and had a haemoglobin of 12.6 g/L. In the upper endoscopy the cause of bleeding was an 8 mm mucosal break in the lower oesophagus classified as grade B in the Los Angeles classification for oesophagitis. Also, we identified in the *incisura angularis*, a whitish and nodular area of mucosa, with indefinite margins that were biopsied (figure 1). Given the clinical and laboratorial presentation, the patient was discharged with a proton pump inhibitor and was re-evaluated as an ambulatory outpatient, with a good clinical evolution.

The histological examination (figure 2) revealed an infiltrate of plasma cells containing numerous eosinophilic inclusions at *lamina propria* and intestinal metaplasia (100% of the glands). Subsequent testing for *Helicobacter pylori* (Hp) infection was negative (stool antigen).

We established the diagnosis of Russell body gastritis in an Hp-negative patient.

Figure 1 Upper endoscopy showing a whitish and nodular area of mucosa in the *incisura angularis*.

Given the uncertain prognosis of this entity, the patient continues to have clinical, laboratorial and endoscopic follow-up at our centre.

Learning points

- ▶ Russell body gastritis is an extremely rare entity with <20 cases reported in the literature and is characterised by infiltration of the *lamina propria* by plasma cells containing multiple eosinophilic inclusions in their cytoplasm, known as Mott cells (vacuoles of immunoglobulin). Its pathogenesis is unknown, although more often it is associated with *Helicobacter pylori* infection, which was not so in our case.¹⁻³
- ▶ Although there are no specific endoscopic features for Russell body gastritis, there are reports describing it as an exophytic pseudotumoral lesion, infiltrative or simply manifesting as an area of nodular or scarring mucosa.¹⁻³
- ▶ It is generally considered a benign entity, but given its epidemiology and the fact that Mott cells are associated with certain haematological malignancies such as multiple myeloma, plasmacytoma and mucosa-associated lymphoid tissue (MALT) lymphoma, there is still some doubts concerning its true clinical significance, particularly regarding the risk for gastric cancer development and so, follow-up is mandatory.¹⁻³

Contributors AGA is the primary author of the article. Both JC and FV have participated in the conception, design and data acquisition of the data that has resulted in the manuscript in question.

Competing interests None declared.

Patient consent Obtained.

Figure 2 Massive infiltration of plasma cells containing numerous eosinophilic inclusions at *lamina propria* and intestinal metaplasia (H&E).

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