2. PROBLEMS OF SO CALLED "GIANT RUGAL" FORMATION IN THE STOMACH

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Because of the dissemination of the knowledge of cancer among people, recently we have many patients who are complaining of epigastric discomfort or epigastrolgia and fear of gastric cancer subjectively or objectively.

By the rediological examination of that patient, sometime we find localized or diffuse shade defect confusing it to malignant neoplasma situated in the big curvature of stomach. Then by endoscopy, we can find hyperplasia of mucous membranus fold. This is so called "Giant Rugae" which we will try to discuss today.

When we observe a large fold like so called giant rugae radiologicaly and endoscopicaly, operative specimen showed diffuse or localized hyperplasia of mucous membranus fold on the corpus of stomach. As for the height of the large folds, it averaged about 6.4 mm in the literature, but our cases were 32.0 mm~6.5 mm, average 12.7 mm. The width of the folds averaded 2.9 mm in the literature but averaged 12.2 mm~4.7 mm, 7.6 mm our case, and thickness of the mucous membran averaged 1.1 mm in the literature, but in our cases, it was 9.7 mm~ 2.0 mm average 3.9 mm. Each measurement show 5~6 times of normal case, we guess this disease is microscopic change of mucous membran of stomach, and now we want to pursue what relation they have to chronic gastritis.

On the case which we can see the localized hyperplasia of mucous membranous fold, in the section view we can see also obvious hyperplasia of the fold.

Histologicaly we can find hyperplasia of foveolae gastricae and hyperplasia of phicue mucosa gastricae. Lamina propria of corpus are filled up by glands of the fundus and any atrophic glands on the fundus of stomach hyperplastic glands are gradually changed to atrophic glands. The pyloric part of stomach gastric glands are atrophic, and intestinal metaplasia of the stomach mucosa could be seen.

Then on the case which we can see the diffuse hyperplasia of mucosa membranous fold, we can find hyperplasia and hypertrophia of area gastricae in the alcohlic fixed specimen.

The plicae mucosa gastricae are changed to cystic glandular epithelium and some parts are changed to hyperplasia, erosion and regeneration, and the Lamina propria becomes atrophic.

Concerning the whole stomach, there are normal membranes on the cardiac part of stomach, but on the corpus of stomach which have distinguished giant rugae they have hyperplasia and atrophic view, and on the pyloric part of stomach these changes are markedly increased. After all these are intermediate changes from hyperplastic to atrophic type of hypertrophy, so we can see the process of hyperplastic reaction to hyperplastic atrophic changes of the mucous membrane of gastric corpus.

In our opinion, histological view of gastritis is not fixed, but changeable. Generally we can classify 3 types of gastritis specimen, one of which showing hyperplastic reaction from pylorus to corpus of stomach, another showing atrophic change only in the pyloric region of the stomach and another showing atrophic changes from pylorus to corpus of stomach. The hypertrophy of gastric mucosal layer which we call "Giant Rugae" have 2 types. One shows hyperplastic reaction and another shows atrophic reaction. **Conclusion:** chronic gastritis include atrophic gastritis and hyperplastic gastritis, giant rugae is a kind of gastritis but not exactly like hyperplastic gastritis.

We can consider that the histological view of gastric mucous membrane of giant rugae is a moving progress from hyperplasia to atrophic changes.

3. DIAGNOSTIC LIMITS OF CHRONIC GASTRITIS BY GASTRO-CAMERA

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