

World Journal of *Gastroenterology*

World J Gastroenterol 2024 November 21; 30(43): 4597-4688



EDITORIAL

- 4597 Potential of traditional Chinese medicine in the treatment of nonalcoholic fatty liver disease: A promising future
Zhang WY, Wang MH, Xie C
- 4602 Comprehensive approach to esophageal variceal bleeding: From prevention to treatment
Singh S, Chandan S, Vinayek R, Aswath G, Facciorusso A, Maida M

ORIGINAL ARTICLE**Retrospective Study**

- 4609 Plasma DNA methylation detection for early screening, diagnosis, and monitoring of esophageal adenocarcinoma and squamous cell carcinoma
Liu XJ, Pi GL, Wang S, Kai JD, Yu HF, Shi HW, Yu J, Zeng H
- 4620 Lenvatinib, sintilimab combined interventional treatment *vs* bevacizumab, sintilimab combined interventional treatment for intermediate-advanced unresectable hepatocellular carcinoma
Han RY, Gan LJ, Lang MR, Ren SH, Liu DM, Li GT, Liu YY, Tian XD, Zhu KW, Sun LY, Chen L, Song TQ

META-ANALYSIS

- 4636 Prevalence of *Helicobacter pylori* infection in China from 2014-2023: A systematic review and meta-analysis
Xie L, Liu GW, Liu YN, Li PY, Hu XN, He XY, Huan RB, Zhao TL, Guo HJ

LETTER TO THE EDITOR

- 4657 Managing crawling-type gastric adenocarcinoma with endoscopic techniques and postoperative monitoring
Yang JC, Chen LX, Hu B
- 4660 Elafibranor alleviates alcohol-related liver fibrosis by restoring intestinal barrier function
Sun YQ, Wu Y, Li MR, Wei YY, Guo M, Zhang ZL
- 4669 Advances in artificial intelligence for predicting complication risks post-laparoscopic radical gastrectomy for gastric cancer: A significant leap forward
Wang HN, An JH, Zong L
- 4672 Portocaval shunts' role in gut microbiota and hepatic encephalopathy: The gut-to-brain pathway
Yakut A
- 4677 Improving early diagnosis of multiple endocrine neoplasia type 1 by assessing the gastrointestinal symptoms, hypercalcemia, and elevated serum gastrin
Velikova T, Lazarov V

- 4682** Interplay of gut microbiota, glucagon-like peptide receptor agonists, and nutrition: New frontiers in metabolic dysfunction-associated steatotic liver disease therapy

Guney-Coskun M, Basaranoglu M

ABOUT COVER

Editorial Board Member of *World Journal of Gastroenterology*, Giovanna Ferraioli, MD, FAIUM, Researcher, Department of Clinical Surgical, Diagnostic and Pediatric Sciences, Medical School University of Pavia, Viale Brambilla 74, Pavia 27100, Italy. giovanna.ferraioli@unipv.it

AIMS AND SCOPE

The primary aim of *World Journal of Gastroenterology* (WJG, *World J Gastroenterol*) is to provide scholars and readers from various fields of gastroenterology and hepatology with a platform to publish high-quality basic and clinical research articles and communicate their research findings online. WJG mainly publishes articles reporting research results and findings obtained in the field of gastroenterology and hepatology and covering a wide range of topics including gastroenterology, hepatology, gastrointestinal endoscopy, gastrointestinal surgery, gastrointestinal oncology, and pediatric gastroenterology.

INDEXING/ABSTRACTING

The WJG is now abstracted and indexed in Science Citation Index Expanded (SCIE), MEDLINE, PubMed, PubMed Central, Scopus, Reference Citation Analysis, China Science and Technology Journal Database, and Superstar Journals Database. The 2024 edition of Journal Citation Reports® cites the 2023 journal impact factor (JIF) for WJG as 4.3; Quartile: Q1. The WJG's CiteScore for 2023 is 7.8.

RESPONSIBLE EDITORS FOR THIS ISSUE

Production Editor: *Xiao-Mei Zheng*; Production Department Director: *Xu Guo*; Cover Editor: *Jia-Ru Fan*.

NAME OF JOURNAL

World Journal of Gastroenterology

ISSN

ISSN 1007-9327 (print) ISSN 2219-2840 (online)

LAUNCH DATE

October 1, 1995

FREQUENCY

Weekly

EDITORS-IN-CHIEF

Andrzej S Tarnawski

EXECUTIVE ASSOCIATE EDITORS-IN-CHIEF

Jian-Gao Fan (Chronic Liver Disease)

EDITORIAL BOARD MEMBERS

<http://www.wjgnet.com/1007-9327/editorialboard.htm>

PUBLICATION DATE

November 21, 2024

COPYRIGHT

© 2024 Baishideng Publishing Group Inc

PUBLISHING PARTNER

Shanghai Pancreatic Cancer Institute and Pancreatic Cancer Institute, Fudan University
Biliary Tract Disease Institute, Fudan University

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>

POLICY OF CO-AUTHORS

<https://www.wjgnet.com/bpg/GerInfo/310>

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>

PUBLISHING PARTNER'S OFFICIAL WEBSITE

<https://www.shca.org.cn>
<https://www.zs-hospital.sh.cn>

Managing crawling-type gastric adenocarcinoma with endoscopic techniques and postoperative monitoring

Jia-Chen Yang, Liu-Xiang Chen, Bing Hu

Specialty type: Gastroenterology and hepatology

Provenance and peer review: Invited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's classification

Scientific Quality: Grade A

Novelty: Grade A

Creativity or Innovation: Grade B

Scientific Significance: Grade B

P-Reviewer: Zou Y

Received: March 21, 2024

Revised: September 10, 2024

Accepted: October 12, 2024

Published online: November 21, 2024

Processing time: 223 Days and 22.2 Hours



Jia-Chen Yang, Department of Gastroenterology and Hepatology/Digestive Endoscopy Medical Engineering Research Laboratory, West China Hospital, Sichuan University, Chengdu 610041, Sichuan Province, China

Liu-Xiang Chen, Bing Hu, Department of Gastroenterology and Hepatology/Medical Engineering Integration Laboratory of Digestive Endoscopy, West China Hospital, Sichuan University, Chengdu 610041, Sichuan Province, China

Corresponding author: Bing Hu, MD, Editor-in-Chief, Professor, Department of Gastroenterology and Hepatology/Medical Engineering Integration Laboratory of Digestive Endoscopy, West China Hospital, Sichuan University, No. 37 Guoxue Alley, Chengdu 610041, Sichuan Province, China. hubing@wchscu.edu.cn

Abstract

Crawling-type gastric adenocarcinoma is a rare subtype of gastric cancer with diagnostic and therapeutic challenges due to its flat, ill-defined lesions. Advanced diagnostic techniques, such as narrow-band imaging and linear endoscopic ultrasonography, improve detection, but endoscopic submucosal dissection poses a risk of incomplete resection. Despite negative resection margins, vigilant postoperative monitoring is crucial due to the potential for recurrence. This letter highlights the importance of refined diagnostic criteria, individualized treatment approaches, and continuous follow-up to optimize management of this unique gastric cancer subtype.

Key Words: Crawling-type gastric cancer; Superficial flat tumor; Positive resection margin; Multiple biopsies; Endoscopic submucosal dissection; Postoperative monitoring

©The Author(s) 2024. Published by Baishideng Publishing Group Inc. All rights reserved.

Core Tip: Crawling-type gastric adenocarcinoma is a rare subtype of gastric cancer with diagnostic challenges due to its flat, ill-defined appearance. Advanced endoscopic techniques like narrow-band imaging and endoscopic ultrasonography are critical for accurate detection. Despite negative resection margins, the potential for recurrence highlights the need for vigilant postoperative monitoring. Multiple biopsies across mucosal layers and re-biopsies can aid in achieving a more precise diagnosis, optimizing management, and improving patient outcomes.

Citation: Yang JC, Chen LX, Hu B. Managing crawling-type gastric adenocarcinoma with endoscopic techniques and postoperative monitoring. *World J Gastroenterol* 2024; 30(43): 4657-4659

URL: <https://www.wjgnet.com/1007-9327/full/v30/i43/4657.htm>

DOI: <https://dx.doi.org/10.3748/wjg.v30.i43.4657>

TO THE EDITOR

Gastric adenocarcinoma, particularly the rare “crawling-type,” characterized by ill-defined, flat appearance and indistinct borders[1], presents unique challenges in diagnosis and treatment due to its subtle endoscopic characteristics. In a article recently published by Xu *et al*[2], a case of “crawling-type” gastric cancer (GC) is discussed in detail, highlighting the complexities involved in its recognition and management. Xu *et al*[2] performed a detailed examination to identify the nature of the tumor and then resected it by endoscopic submucosal dissection (ESD). Pathological and immunohistochemical examinations revealed the diagnosis as “crawling-type” gastric adenocarcinoma.

This letter emphasizes the significance of advanced diagnostic techniques and tailored therapeutic strategies in addressing this elusive subtype of GC.

CHALLENGES IN DIAGNOSIS AND ROLE OF ADVANCED ENDOSCOPIC TECHNIQUES

“Crawling-type” GC often manifests as superficial concave or flat lesions, making it difficult to diagnose through standard endoscopic procedures. The lack of early symptoms and the indistinct borders of these lesions further complicate their identification. Thus, advanced diagnostic techniques such as narrow-band imaging, acetate-indigo carmine staining, and linear endoscopic ultrasonography (EUS) are crucial in accurately recognizing this subtype[3,4]. These methods can provide a more detailed examination of the gastric mucosa, enhancing the detection of subtle lesions with “crawling-type” GC.

Moreover, multiple biopsies of all mucosal layers can improve the detection rate of suspicious concave or flat lesions on gastroscopy[1]. We believe that more efforts are needed to refine diagnostic criteria and treatment strategies, to facilitate managing this rare GC subtype. This case improved endoscopists’ understanding of specific endoscopic properties of “crawling-type” GC. In addition, the detailed diagnostic steps described in the case report by Xu *et al*[2] provide a valuable framework for clinicians when encountering similar cases in their practice.

NEED FOR TAILORED TREATMENT AND VIGILANT POSTOPERATIVE MONITORING

The management of “crawling-type” GC requires a careful balance between accurate diagnosis and effective treatment. In this case, ESD was performed for “crawling-type” GC and postoperative pathology showed that the resection margin was negative, and the patient was followed for 1 year without tumor recurrence. Xu *et al*[2], recognizing the distinctive features of this GC subtype, advocated for ESD as an effective treatment approach. However, it is still necessary to be aware of the possible high risk of recurrence and needs of additional ESD interventions because such endoscopically ill-defined lesions might be associated with a higher rate of positive margins.

Since “crawling-type” GC often resides in the epithelial proliferative layer and presents with superficial depression or flatness, defining the lesion's borders during ESD is particularly challenging[5]. Such characteristics can make endoscopists usually unable to evaluate submucosal invasive lesions, leading to misdiagnosis or a high margin positive rate after endoscopic resection[6]. A previous study reported that the positive rate of resection margins of such GC is as high as about 30%[6]. In addition, Haruta *et al*[1] reported that even if the surgical margin was negative after the ESD, the tumor recurred during the postoperative follow-up and at last laparoscopic distal gastrectomy was added. Therefore, although Xu *et al*[2] followed the patient for 1 year and no recurrence was observed, continued monitoring may be still worth considering. It is recommended to perform four-quadrant mapping biopsy and extensive labeling during ESD to achieve a curative resection and reduce the risk of recurrence[7]. In conclusion, preoperative evaluation and individualized treatment are important, and postoperative monitoring cannot be ignored for patients with “crawling-type” GC.

CONCLUSION

“Crawling-type” gastric adenocarcinoma represents a diagnostic and therapeutic challenge, necessitating the use of advanced endoscopic techniques and vigilant postoperative follow-up. The case discussed by Xu *et al*[2] underscores the potential for successful treatment with ESD, and highlights the need for continuous monitoring to prevent recurrence. As we refine our diagnostic criteria and treatment strategies, individualized approaches tailored to this rare GC subtype will be essential for improving patient outcomes.

FOOTNOTES

Author contributions: Yang JC drafted the manuscript; Chen LX and Hu B revised the manuscript; all authors have read and approved the final manuscript.

Conflict-of-interest statement: The authors declare that there is no conflict of interest regarding the publication of this manuscript. No financial or personal relationships exist that could have appeared to influence the work reported in this paper.

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 of origin: China

ORCID number: Bing Hu 0000-0002-9898-8656.

S-Editor: Li L

L-Editor: Wang TQ

P-Editor: Zheng XM

REFERENCES

- 1 **Haruta Y**, Nakanishi R, Jogo T, Nakashima Y, Saeki H, Oki E, Fujiwara M, Oda Y, Maehara Y. Gastric Cancer of "Crawling Type" Detected by Additional Gastrectomy After Endoscopic Submucosal Resection. *Anticancer Res* 2018; **38**: 2335-2338 [PMID: 29599357 DOI: 10.21873/anticancer.12479]
- 2 **Xu YW**, Song Y, Tian J, Zhang BC, Yang YS, Wang J. Clinical pathological characteristics of "crawling-type" gastric adenocarcinoma cancer: A case report. *World J Gastrointest Oncol* 2024; **16**: 1660-1667 [PMID: 38660640 DOI: 10.4251/wjgo.v16.i4.1660]
- 3 **Zhou J**, Wang Q, Li H, Zhang S, Tao L, Fang Q, Xu F, Liu J, Hu X. Comparison of diagnostic accuracy between linear EUS and miniprobe EUS for submucosal invasion in suspected cases of early gastric cancer. *Rev Esp Enferm Dig* 2022; **114**: 648-653 [PMID: 35109659 DOI: 10.17235/reed.2022.8512/2021]
- 4 **Kono Y**, Takenaka R, Kawahara Y, Okada H, Hori K, Kawano S, Yamasaki Y, Takemoto K, Miyake T, Fujiki S, Yamamoto K. Chromoendoscopy of gastric adenoma using an acetic acid indigocarmine mixture. *World J Gastroenterol* 2014; **20**: 5092-5097 [PMID: 24803824 DOI: 10.3748/wjg.v20.i17.5092]
- 5 **Ushiku T**, Arnason T, Ban S, Hishima T, Shimizu M, Fukayama M, Lauwers GY. Very well-differentiated gastric carcinoma of intestinal type: analysis of diagnostic criteria. *Mod Pathol* 2013; **26**: 1620-1631 [PMID: 23723017 DOI: 10.1038/modpathol.2013.98]
- 6 **Kang KJ**, Kim KM, Kim JJ, Rhee PL, Lee JH, Min BH, Rhee JC, Kushima R, Lauwers GY. Gastric extremely well-differentiated intestinal-type adenocarcinoma: a challenging lesion to achieve complete endoscopic resection. *Endoscopy* 2012; **44**: 949-952 [PMID: 22987215 DOI: 10.1055/s-0032-1310161]
- 7 **Kim TS**, Kim B, Min BH, Min YW, Lee H, Lee JH, Rhee PL, Kim JJ, Kushima R, Kim KM. Outcomes of endoscopic submucosal dissection for intestinal-type adenocarcinoma with anastomosing glands of the stomach. *J Gastroenterol Hepatol* 2020; **35**: 50-55 [PMID: 31242325 DOI: 10.1111/jgh.14756]



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

