

Letter to the Editor

Achylia, Pernicious Anaemia, ECL Cells and Gastric Carcinoids

Sir,

Gastric endocrine tumours that are non-functioning or associated with the carcinoid syndrome are usually referred to as carcinoid tumours of the fore-gut type (Williams and Sandler 1963), while those giving rise to the Zollinger-Ellison syndrome are called gastrinomas (Creutzfeldt et al. 1975).

In a recent study on the clinical picture, morphology and immunocytochemistry of gastric carcinoids, concurrent pernicious anaemia (Wilander et al. 1979) was observed in 3 out of 9 cases examined. At least 8 additional cases of pernicious anaemia in association with gastric carcinoids are documented in the literature (Martin and Atkins 1952; Cattan et al. 1955; Pestana et al. 1963; Black and Haffner 1968; Sheahan et al. 1971; Gueller and Haddad 1975; Bader et al. 1977; Harris and Greenberg 1978) and Lattes and Grossi (1969) found that 3 out of 5 patients with gastric carcinoids had definite hyperchromic anaemia. Further, Fontolliet et al. (1976) reported one case of multiple gastric carcinoids with concomittant macrocytic anaemia. Some of the tumours referred to were examined with the silver nitrate stain of Sevier-Munger for the presence of argyrophilia and they were all argyrophil. This silver technique characteristically stains the enterochromaffin-like (ECL) cells of the gastric mucosa (Solcia et al. 1970).

In patients with pernicious anaemia, atrophic gastritis with a deficient production of "instrinsic factor" is a classical finding. In addition to achlorhydria, the majority of patients with atrophic gastritis have elevated serum gastrin levels (Stockbrügger et al. 1977). Several studies in man have revealed hyperplasia of ECL cells in association with increased gastrin levels (Solcia et al. 1970; Rubin 1973; Bordi et al. 1975).

In a recent report by Larsson et al. (1978) a patient with atrophic gastritis (without pernicious anaemia) with very high serum gastrin levels and multiple gastric endocrine tumours (carcinoids) was described. The majority of the tu-

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mour cells were positively stained with the Sevier-Munger technique and like a previously described case (Hage and Hage 1976) they were of the ECL type ultrastructurally. It was concluded that "the raised serum gastrin levels, caused by decreased acid feed-back inhibition, may have been instrumental in bringing about hyperplasia and neoplasia of the ECL cells".

Apart from the report of Larsson et al. (1978) at least 6 other cases of gastric carcinoids without pernicious anaemia but with achylia are on record in the literature (Lützow-Holm 1952; Hines and Savage 1955; Eklöf 1967; Gueller and Haddad 1975; Bordi et al. 1976).

In conclusion it is indicated that achylia with or without pernicious anaemia is associated with gastric carcinoids at a higher frequency than has been suspected previously and that a relatively large number of these tumours may contain a majority of tumour cells of the ECL type.

The occurrence of the carcinoid syndrome in connection with gastric carcinoids is rare. Postlehwait (1966), was able to collect a total number of 8 cases in 1966, and at present achylia occasionally associated with pernicious anaemia seems to be the most distinct condition associated with these tumours.

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