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Gastric cancer of unusual presentation, the importance of differential diagnosis

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Dear Editor,

We present the case of a 67-year-old male smoker with no medical history of interest. Admitted to Neurology for frontal headache, unsteady gait, temporospatial disorientation and vomiting. Laboratory tests (including vitamin B12, folic acid, lues) and cranial CT scan were normal, encephalogram compatible with diffuse encephalopathy and lumbar puncture with a finding of leptomeningeal carcinomatosis. In light of these findings, it was decided to look for occult tumor by thoracoabdominal-pelvic CT, which was negative for malignancy.

In view of the results of the previous tests, it was decided to perform an endoscopic study. Colonoscopy reveals six 0-IIa Paris polyps in the left colon measuring 7-10 cm, which are removed. Gastroduodenoscopy shows a poorly distensible

stomach, with erythematous gastric body mucosa (Fig. 1) and hard on biopsy. In addition, in the duodenum, three raised lesions with an excavated center (Fig. 1) of about 5 mm were identified and biopsied.

Histology findings report mucosal and submucosal infiltration by poorly differentiated carcinoma. Immunohistochemistry positive for CK19, Glipican-3, weak positivity for CK7, conserved expression of MUC5AC and SMAD, negative for SF-1, inhibin, synaptophysin, INSM1, chromogramin, Gata-3 and S-100. The findings were suggestive of infiltration by poorly differentiated carcinoma of probable gastric origin.

Unfortunately, during hospital admission the patient presented a progressive clinical deterioration and died two weeks later.

Discussion:

Consistent leptomeningeal carcinomatosis is the diffuse seeding of malignant cells by the cerebrospinal fluid. It is observed in only 3-8% of solid carcinomas, mainly in brain cancer, lung cancer and malignant melanoma, and usually after previous diagnosis of the primary tumor. Its association with gastric cancer is extremely rare, with a prevalence of 0.14-0.24% of patients, mostly described in undifferentiated and signet ring cell tumors. Similarly, gastric metastases in the colon, and even more so in the duodenum, have been little described and, although they can be secondary to hematogenous or lymphatic dissemination, they have been mainly associated with the seeding and extension of implants through the gastrointestinal lumen.

In light of this case, the clinician should consider in the differential diagnosis of leptomeningeal carcinomatosis, the possibility of an occult gastric tumor, even in early stages.

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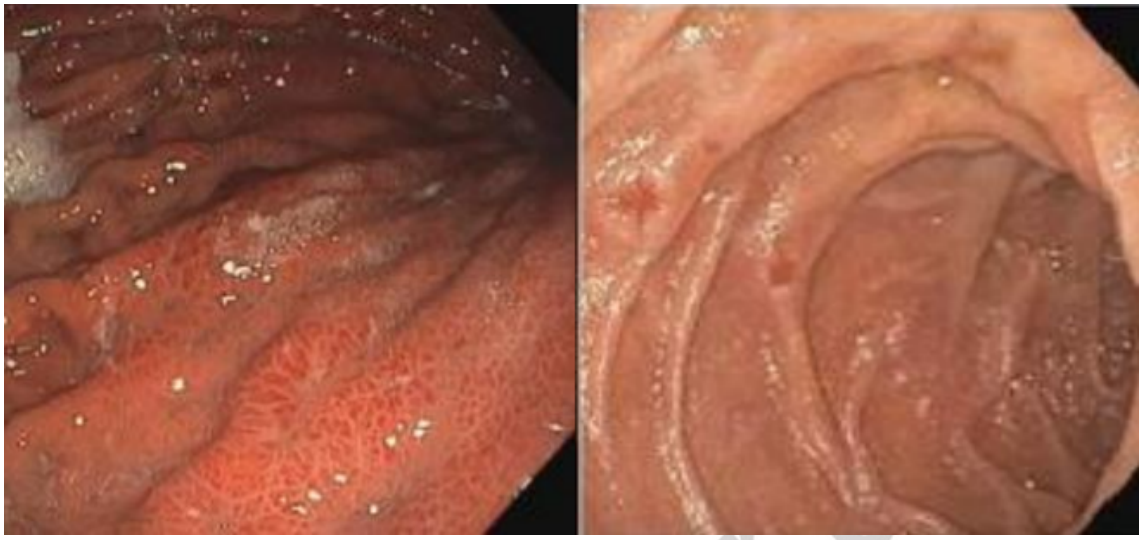

Fig. 1 Gastric mucosa and duodenal polyps.