

Title:
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Synchronous multiple early gastric cancer with *Schistosoma japonicum* eggs

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Abstract:

Mostly, *Schistosoma japonicum* preferred living in mesenteric veins and oviposit rather than the highly acidic environment in the stomach. Herein, we described a rare case of synchronous multiple early gastric cancer with *Schistosoma japonicum* eggs.

Keywords: Synchronous multiple early gastric cancer. *Schistosoma japonicum*.

Dear Editor,

A 68-year-old male was referred to our endoscopy center for further treatment of synchronous multiple early gastric cancer (SMEGC), which was discovered two cancerous lesions by gastroscopy during his periodical medical examinations. He denied any personal or family history of gastric cancer. Physical examination was normal. Blood counts showed macrocytic anemia (Hb 10.9 g/dL, MCV 117 fL) with significantly positive of anti-gastric wall antibodies. Additionally, his urea breath test was strong positive for *H. pylori*. Endoscopy showed entire gastric mucosa presented severe mucosal atrophy, and two flat lesions were respectively revealed in the anterior wall of the gastric angle and the greater curvature of antrum by using the

indigo carmine spray technique (Fig.1a,b). SMEGC was removed by endoscopic submucosal dissection(ESD). The postoperative pathological analysis confirmed both early gastric cancer, and associated with deposited ova of *Schistosoma japonicum* in the mucosa or the submucosa(Fig.1 c,d).

Mostly, *Schistosoma japonicum* preferred living in mesenteric veins and oviposit rather than the highly acidic environment in the stomach¹. The case suggested that under the background of severe atrophy and low gastric acid level, the invasion of *Schistosoma japonicum* was easier. Moreover, *Schistosoma japonicum* might play a role in the occurrence and development of SMEGC by causing alteration of the gastric environment, exacerbation of synergistic mucosal injury and activation of oncogenic pathways².

References

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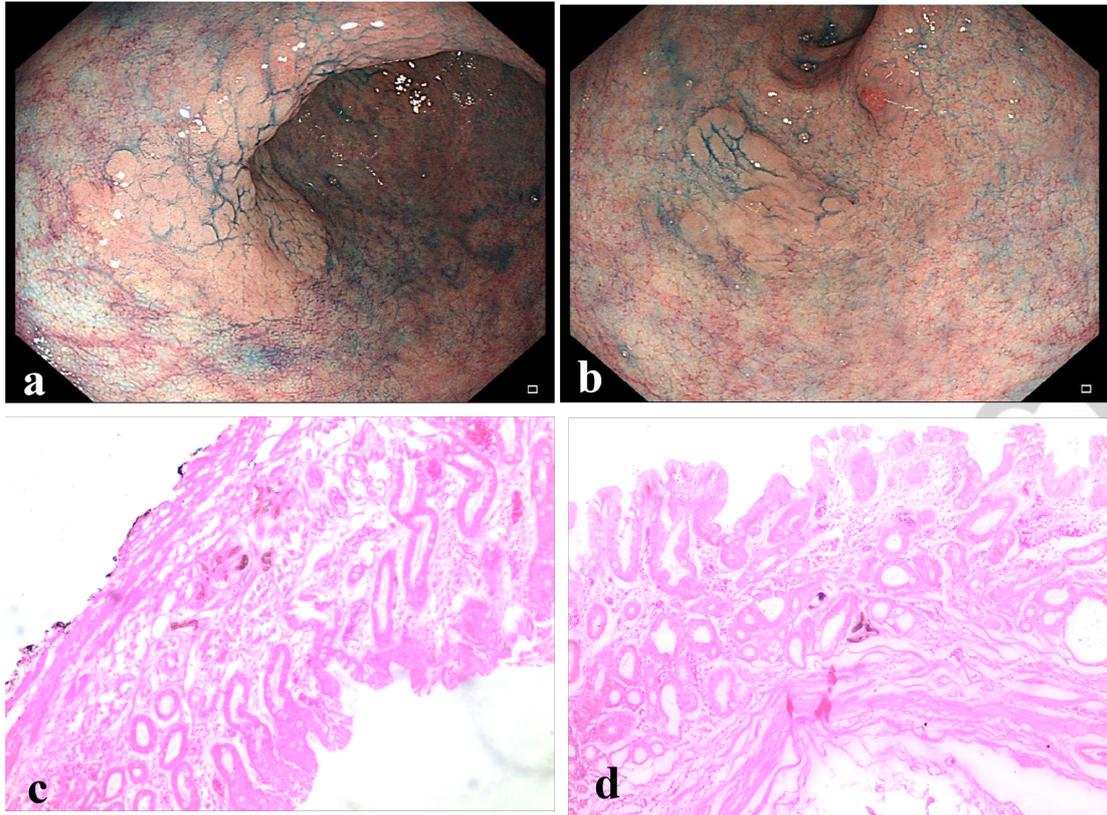


Fig. 1 Endoscopic examination revealed two flat lesions: one in the anterior wall of the gastric antrum and the other one in the greater curvature of antrum(a, b); Pathological analysis showed all lesions were low-grade cellular atypia with deposited ova of *Schistosoma japonicum* in the mucosa or the submucosa(c, d).