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Authors: Miguel Fraile López, Guillermo Eduardo Mendoza Pacas, Fernando Fernández Cadenas

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# Primary squamous cell carcinoma of the stomach: a rare entity

Miguel Fraile-López<sup>1</sup>, Guillermo Eduardo Mendoza-Pacas<sup>2</sup> and Fernando Fernández-Cadenas<sup>1</sup>

Services of <sup>1</sup>Digestice Diseases and <sup>2</sup>Pathology. Hospital Universitario Central de Asturias. Oviedo, Spain

**Correspondence:** Miguel Fraile López e-mail: Miguelfrailelopez@gmail.com

Key words: Stomach. Primary squamous cell carcinoma. Gastric cancer.

## Dear Editor,

We present the case of a primary squamous cell carcinoma (PSCC) and inform about the evidence to date and also highlight the diagnostic criteria.

## **Case report**

A 78-year-old female was admitted due to a two-week history of abdominal pain, weight loss and vomiting. She denied any previous relevant medical history and laboratory analysis revealed Hb at 7.3 g/dl. An urgent upper endoscopy identified a stenotic ulcerated circumferential mass located in the gastric antrum, which impeded the endoscope passage to distal regions. Gastric biopsies where taken and an uncoated stent of 25 x 60 mm was placed (Fig. 1A). A thoracoabdominal scan revealed asymmetric thickening of the antropiloric region with multiple perigastric, peripancreatic and celiac lymph metastasic nodes. Anatomopathology examination showed several nests of neoplasic cells with peripheral palisade and central necrosis into the lamina propria of gastric mucosa. The following markers were positive for immunohistochemical staining: p40, CK5/6 and CK 34BE12 (Fig. 1B). The patient clinically improved and was discharged with supportive care.



#### Discussion

The pathogenesis of PSCC remains unclear although many theories have been postulated. These include the formation of nests of ectopic squamous cells in the gastric wall (1), squamous metaplasia of the gastric mucosa before malignant transformation, squamous differentiation in a preexisting adenocarcinoma or the presence of multipotential stem cells in the gastric mucosa. The diagnosis must be histological according to the criteria of Parks (2,3). The tumor should not be located in the cardia, should not extend into the esophagus and there should be no evidence of squamous cell carcinoma elsewhere in the body which rules out metastatic involvement. Immunohistochemistry markers aid an accurate diagnosis (p40, CK5/6, CK 34BE12). The prognosis is poor due to the fact that a diagnosis is usually made at an advanced stage. This condition usually presents a worse prognosis compared to adenocarcinoma (4). The only curative treatment is surgery for early stage disease and chemoradiotherapy for advanced stages is controversial. Further prospective studies should be performed in order to support the current evidence for treatment recommendations in these tumors.

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Fig. 1. A. Urgent upper endoscopy showing primary squamous cell carcinoma in the gastric antrum. B. Immunohistochemistry CK5/6 positive.