

Title:

Upper gastrointestinal bleeding secondary to late gastric metastasis of renal cell carcinoma

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Dear Editor,

We report the case of a 77-year-old male who presented with asthenia and dizziness associated with UGIB manifesting as melena and secondary anemization. He had a personal history of left radical nephrectomy for clear cell renal cell carcinoma (G3, pT2N0M0) 22 years ago (in 1999), two partial resections of the right 11th rib because of bone metastasis, back in 2003 and 2005, and then the finding in 2007 of two abdominal wall metastases that completely disappeared with sunitinib. During admission gastroscopy revealed a large excrescent, broad-based gastric lesion with irregular mucosa and depressed center that appeared infiltrative (image A); a pathology diagnosis of clear cell renal cell carcinoma infiltration was made on biopsy samples (images B and C). A thoracoabdominal CT scan ruled out the presence of additional metastatic lesions, and the case was presented to the multidisciplinary tumor committee. Surgery was decided upon, and an atypical gastrectomy of the greater curvature was performed through laparotomy with good clinical control subsequently.

Primary neoplasms most commonly metastasizing to the stomach include breast cancer, lung cancer, and melanoma (1), with renal cell carcinoma being certainly rare (2), involving highly variable presentations that range from early to extremely late onsets (3). Today's higher rate of digestive endoscopy procedures and routine studies has increased the diagnosis of this condition (4,5); however, histology and immunohistochemistry studies with specific markers (positive CK AE1/AE3, CD10, PAX8, vimentin, and renal cell carcinoma antigens in our case) are key for a definitive diagnosis of metastatic gastric lesions, as pointed out by Adolfo Cruz et al. (5). The lesion's atypical gross appearance for a primary gastric carcinoma and the patient's positive cancer history, even with such a delayed onset, should prompt consideration of this potential condition in the differential diagnosis.

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FIGURES:

Accepted Article

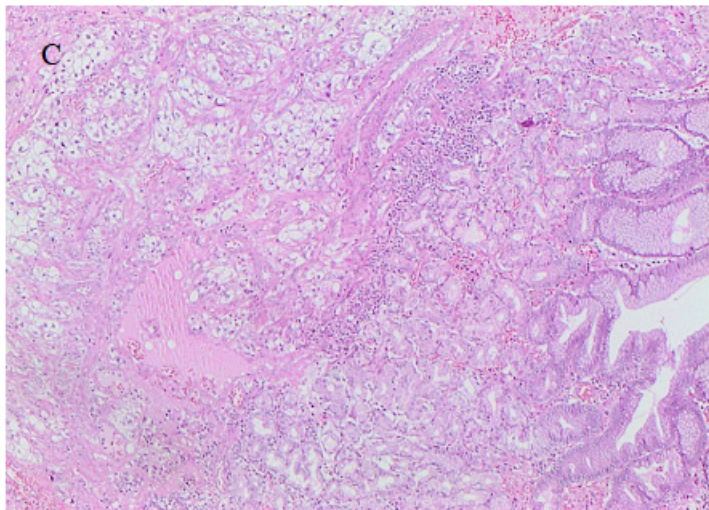
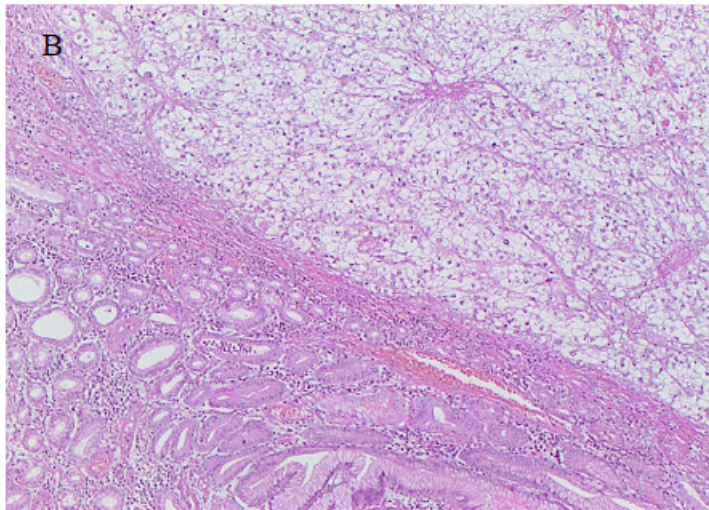
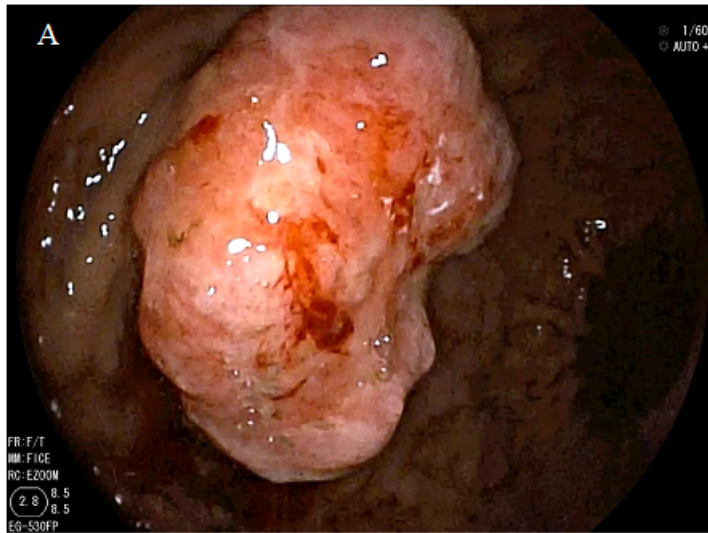


Figure 1: A. A gastric metastasis of clear cell renal cell carcinoma. B and C. Histological study, H&E. Proliferation of cells with abundant smooth, eosinophilic cytoplasm, arranged in solid nests and trabeculae with an infiltrative pattern.