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Digestive pseudopolyposis as a form of presentation of digestive metastases of primary gastric leiomyosarcoma

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CASE REPORT

A 71-year-old male was diagnosed with gastric leiomyosarcoma in 2020 after biopsies of an ulcerated gastric lesion. Despite oncological treatment, he presented bone, liver and lung progression. Fourth-line treatment with pazopanib was started in 2022 with no evidence of intestinal or peritoneal metastases.

He presented to the Emergency Department in February 2023 due to symptoms of gastrointestinal bleeding with clinical and analytical repercussion with hemoglobin levels of 5.8 g/dl. Initially, he presented hematemesis and subsequently hematochezia.

An upper and lower endoscopic study was performed, revealing multiple sessile polypoid lesions with an irregular mucosal pattern of between 5-30 mm, distributed throughout all explored sections at the gastric, duodenal and colic mucosal. Some were ulcerated with fibrin deposits on the surface and signs of recent hemostasis.

The histological study demonstrated infiltration by spindle-shaped mesenchymal cells with atypical nuclei, a Ki-67 proliferation index > 80 %, and an immunohistochemical profile consistent with digestive metastases of primary gastric leiomyosarcoma.

A computed tomography (CT) scan was performed confirming tumor progression with pulmonary, digestive, hepatic, bone, muscle and peritoneal dissemination of gastric leiomyosarcoma.

DISCUSSION

Gastrointestinal mesenchymal tumors are uncommon tumors, mostly gastrointestinal stromal tumors (GIST), with smooth muscle tumors (leiomyomas and leiomyosarcomas) and schwannomas being rarer. Gastrointestinal sarcomas are extremely rare tumors; most of them refer to leiomyosarcomas, the most frequent location is the stomach (< 1 % of gastric neoplasms) and its prognosis is very poor (1-3).

We present this clinical case due to its peculiarity of presentation, endoscopic appearance, and extensive distribution of the lesions throughout the digestive tract, being rare the presentation in the form of polypoid lesions, although it has already been described (1).

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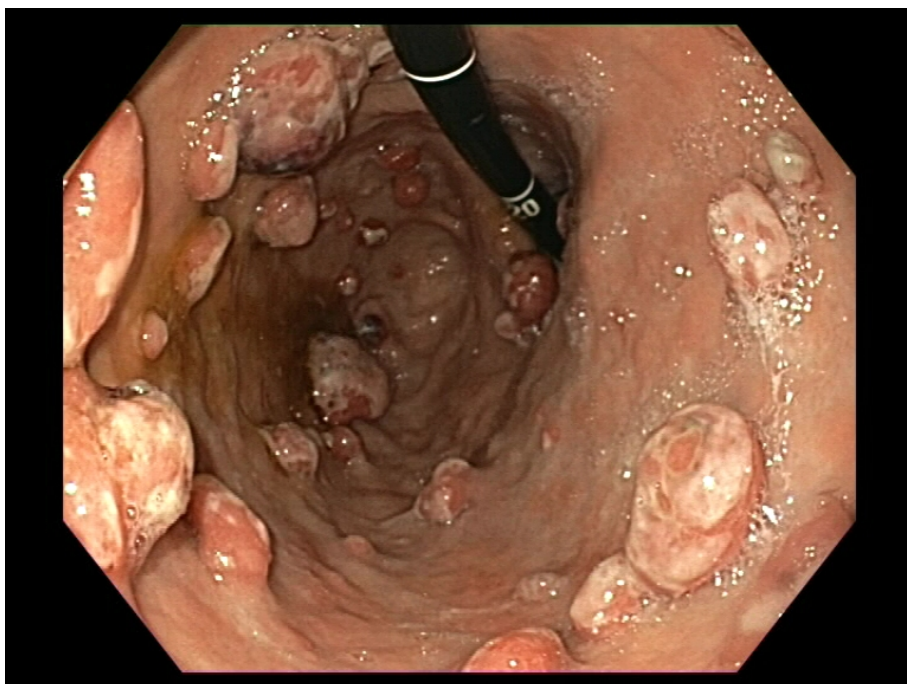


Fig. 1. Gastric pseudopolyposis secondary to intragastric dissemination of previously treated primary gastric leiomyosarcoma.

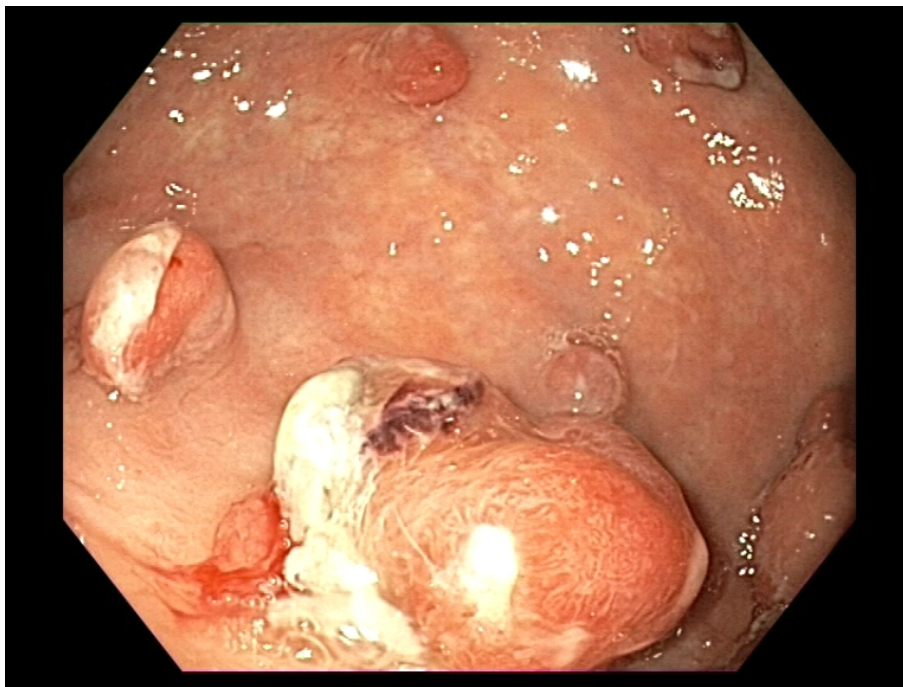


Fig. 2. Involvement of the gastric mucosa by multiple sessile morphology implants of gastric leiomyosarcoma.

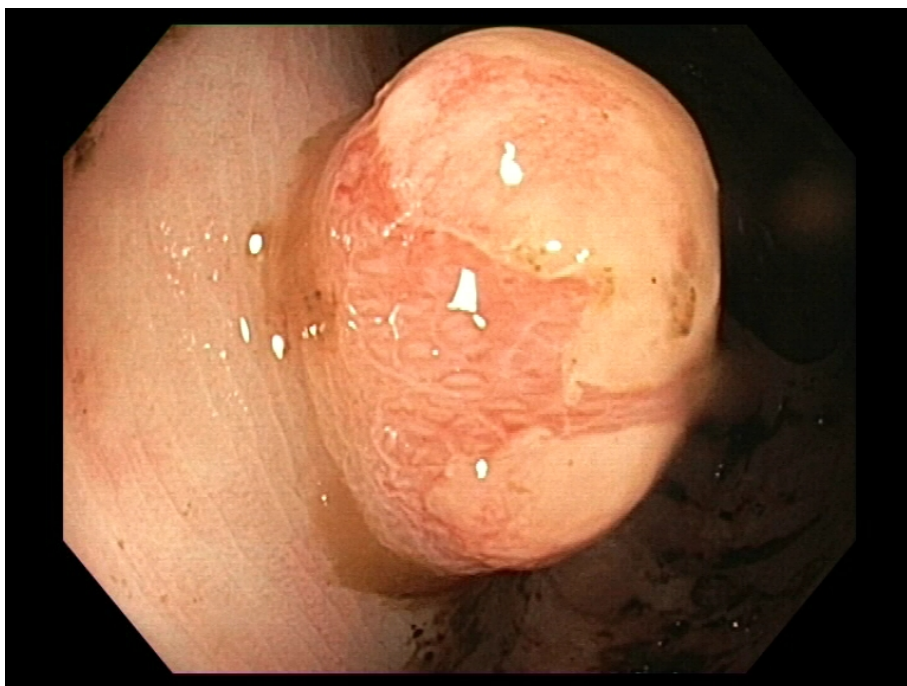


Fig. 3. Sessile polyp in transverse colon corresponding to metastases of leiomyosarcoma of gastric origin.