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## Lymphoepithelioma-like gastric adenocarcinoma. Descriptive case series

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*Dear Editor,*

Lymphoepithelioma-like adenocarcinoma is an infrequent and histologically undifferentiated entity. It is characterized by a large reactive lymphoplasmacytic infiltrate in the stroma with islets of undifferentiated cells, which strongly and widely express Epstein-Barr virus (EBV) (1).

Lymphoepithelioma-Like gastric adenocarcinoma accounts for approximately 4 % of gastric cancer (2). This kind of tumor has a higher survival rate than other gastric cancers, a more proximal location and less lymphatic spread (3). This could be due to the lymphocytic infiltrate and the intense granulomatous reaction (4). Our aim was to describe the clinical and pathological features of our series of lymphoepithelioma-like gastric adenocarcinoma.

**Case report**

We present a descriptive and retrospective study. Patients were selected who underwent surgery for a gastric adenocarcinoma lymphoepithelioma-like variant from 2014 onwards. The results of the following variables were collected: age (years), sex, pre-diagnostic clinical time (months), gastric tumor location, endoscopic biopsy histology, surgical technique, *in situ* hybridization for EBER region (Epstein-Barr virus-associated non-coding RNA), microsatellite instability, degree of differentiation, level of resection, tumor size (cm), TNM T-value, lymph node/resected node ratio, overall survival (months) and vital status (Table 1).

Male sex (3:1) and proximal gastric location predominated. None of the patients had a pre-surgical diagnosis of lymphoepithelioma-like variant. Palliative surgery was performed in two patients when tumor infiltration into neighboring tissues was detected, which had not been suspected in pre-surgical radiological tests. In one case, the resection was R2 due to pancreatic infiltration and R1 in the other case because no cleavage plane was found with the left hepatic lobe. Regarding the three cases of advanced gastric cancer, the histopathological results showed a predominance of undifferentiated grade, high tumor size ( $\geq 6$  cm) and little expected lymphatic involvement (Nx-1).

Our experience in the lymphoepithelioma-like variant presents as an advanced gastric cancer, possibly related to long-standing pre-diagnostic symptoms. Furthermore, it behaves as a tumor with expansive local growth, little capacity for lymphatic or metastatic involvement, which could be explained by the prominent intratumoral lymphoid stroma that acts as an antimetastatic barrier.

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**Table 1.**

No.	Age	Sex	TCP (months)	LGT	HBE	TQ	EBER	IMS	GD	NR	TT	T	RAG	SG	EV
1	60	Male	12	Body	Intestinal	GV	Yes	No	Undifferentiated	R2	9	4b	-	21	Exitus Tumoral progression
2	65	Male	12	Body	Undifferentiated	GT + D2	No	Yes	Undifferentiated	R0	6	4 a	1/14	56	Exitus Head and neck cancer
3	66	Male	10	Sub- cardia	Diffuse	GT + D2	Yes	No	Poorly undifferentiated	R0	1	1b	0/37	17	Exitus intestinal ischemia
4	65	Female	12	Body	Intestinal	GT + D2	No	Yes	Undifferentiated	R1	9	4b	2/28	7	Exitus Tumoral progression

TCP: pre-diagnostic clinic time (months); LGT: gastric tumor location; HBE: histology endoscopic biopsy; TQ: surgical technique; GV: vertical gastrectomy; GT: total gastrectomy; EBER: EBV-associated non-coding RNA; EBV: Epstein-Barr virus; IMS: microsatellite instability; GD: degree of differentiation; NR: level of resection; TT: tumor size (cm); T: tumor T-value (TNM); RAG: resected adenopathy/lymph node ratio; SG: overall survival; EV: vital status.