Title:
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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 and features islets of undifferentiated cells, which strongly and widely express Epstein-Barr virus (EBV)¹.

Lymphoepithelioma-Like gastric adenocarcinoma accounts for approximately 4% of gastric cancer². This kind of tumour has a higher survival rate than other gastric cancers, a more proximal location and less lymphatic spread³. This could be due to the lymphocytic infiltrate and the intense granulomatous reaction⁴. Our aim is to describe the clinical and pathological features of our series of lymphoepithelioma-like gastric adenocarcinoma.
We present a descriptive and retrospective study. We selected patients who underwent surgery for 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 tumour location, endoscopic biopsy histology, surgical technique, in situ hybridisation for EBER region (Epstein-Barr virus-associated non-coding RNA), microsatellite instability, degree of differentiation, level of resection, tumour 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 tumour infiltration into neighbouring tissues was detected, which had not been suspected in pre-surgical radiological tests. In one of them the resection was R2 due to pancreatic infiltration and in the other the resection was R1 because no cleavage plane was found with the left hepatic lobe. Regarding the 3 cases of advanced gastric cancer, the histopathological results showed a predominance of undifferentiated grade, high tumour size (≥6cm) 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 prediagnostic symptoms. And it behaves as a tumour with expansive local growth with little capacity for lymphatic or metastatic involvement, this could be explained by the prominent intratumoral lymphoid stroma that acts as an antimetastatic barrier.

REFERENCES


Table 1.

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