Perforation of the greater gastric curvature by a gastric adenocarcinoma with engulfment of the upper pole of the spleen

Perforated gastric cancer is a rare condition [1]. It has an extremely poor prognosis. There are few data in the literature regarding perforated gastric adenocarcinoma involving the spleen [2]. We report here the case of a 66-year-old woman who was admitted to our department with general deterioration, right hypochondrium pain, and anemia of 7.5 g/dl. An abdominal and pelvic computed tomography was performed, revealing a large necrotic mass with irregular contours of the greater curvature of the stomach, measuring 10.3 × 5.7 cm, and multiple colomesenteric, epiploic, and retroperitoneal (left lateral renal) lymph nodes. Three hypodense irregularly contoured hepatic nodules in segment IV and in the left liver were found as well, highly suspicious of secondary locations given the context. There was also a cystic splenic nodule, suspected of being a metastatic lesion (► Fig. 1).

An oeso-gastro-duodenal endoscopy was performed under general anesthesia. A blocked gastric perforation (of almost the whole greater curvature) was found at the lower part of the fundus and at the antrum. Inside the cavity, fibrinous debris and the upper pole of the spleen were found (► Video 1). Cautious biopsies were performed.

Histological examination revealed a very superficial gastric mucosa, with no muscularis mucosa, partly occupied by structures of a poorly differentiated neoplasm. On immunohistochemistry, the neoplastic cells had an epithelial phenotype, and antibodies directed against pankeratin AE1/AE3 and keratin 7 were positive. Carcinoma cells were negative for Cdx2 and HER2 (► Fig. 2, ► Fig. 3).

Perforated gastric cancer does not appear in the literature to alter the oncological prognosis if it is treated with two-step surgery [1, 3]. In this case of advanced perforating and metastatic disease, only palliative treatment was considered after discussion in a multidisciplinary team meeting.
Competing interests

The authors declare that they have no conflict of interest.

The authors

Pierre Mayer1,2, Lucile Héroin1,2, Didier Mutter2,3, Laetitia Oertel4, Mathieu Pioche5, François Habersetzer1,2, Guillaume Philouze2,3

1 Department of Hepatology and Gastroenterology, Pôle Hépato-digestif, Nouvel Hôpital Civil, Hôpitaux Universitaires de Strasbourg (HUS), Strasbourg, France

2 IHU-Strasbourg (Institut Hospitalo-Universitaire), Strasbourg, France

3 Department of Visceral and Digestive Surgery, Pôle Hépato-digestif, Nouvel Hôpital Civil, HUS, Strasbourg, France

4 Department of Pathology, HUS, Strasbourg, France

5 Department of Endoscopy and Hepatogastroenterology, Pavillon L, Edouard Herriot Hospital, Lyon, France

Corresponding author

Pierre Mayer, MD
Department of Hepatology and Gastroenterology, Pôle Hépato-digestif, Nouvel Hôpital Civil, Hôpitaux Universitaires de Strasbourg, 1, place de l’hôpital, 67000 Strasbourg, France

pierre-emmanuel.mayer@chru-strasbourg.fr

Acknowledgement

This work was supported by French state funds managed within the “Plan Investissements d’Avenir” and by the ANR (reference ANR-10-IAHU-02).

References


Bibliography

Endoscopy
DOI 10.1055/a-1743-1628
ISSN 0013-726X
published online 2022
© 2022. Thieme. All rights reserved.
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is an open access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos