Gastroduodenal ulceration after selective internal radiation therapy of liver tumor

Image-guided interstitial brachytherapy is used for the treatment of primary and secondary liver tumors. Millions of non-biodegradable yttrium-90 (90Y)-imprint-ed microspheres with a diameter of 29–35 μm are selectively infused by a catheter into the branch of the hepatic artery supplying the tumor. Thereby, a radiation dose of 30–60Gy can be applied to the tumor tissue. 90Y is a beta-emitter with an average tissue penetration depth of approximately 2.5mm and a physical half-life of 2.67 days [1, 2].

Gastroduodenal ulceration occurs in less than 5% after selective internal radiation therapy (SIRT) [2–4]. We present a case of radiation-induced gastric ulceration after SIRT for the treatment of hepatic metastases from breast cancer in a 54-year-old female patient (Fig. 1). At 2 months after SIRT, the patient presented with epigastric pain and was diagnosed as having anemia. Upper gastrointestinal endoscopy revealed a single, flat ulcer in the gastric antrum (Fig. 2) and histological examination of two forceps biopsy specimens demonstrated chemical-reactive inflammation and ulceration without Helicobacter infection. Proton pump inhibitor (PPI) was prescribed as an oral medication.

A repeat endoscopy after 2 months revealed the ulceration was unchanged (Fig. 3). The injection site was distal to the aberrant branches to prevent reflux. At the same time, nearly 4 months after SIRT, 16 forceps biopsy samples were taken and histological examination revealed microspheres in the gastric tissue, with inflammation and ulceration (Fig. 5). Retrospectively, the ulcer was caused by reflux of 90Y-microspheres into aberrant branches of the left and right hepatic arteries extending to the stomach (Fig. 1). Because of the presence of severe anemia, the patient underwent distal gastric resection. SIRT-associated gastrointestinal side effects are mainly diagnosed with the help of biopsies revealing pathognomonic microspheres. Endoscopists and pathologists should be aware of the findings in connection with this new therapy as well as its complications.

Endoscopy_UCTN_Code_CCL_1AB_2AD_3AC

Competing interests: None


1 Department of Gastroenterology and Hepatology, Klinikum St Georg, Delitzscher Straße, Leipzig, Germany
2 Department of Pathology und Tumor Diagnostics, Klinikum St Georg, Delitzscher Straße, Leipzig, Germany
3 Department of Oncology und Haematology, Klinikum St Georg, Delitzscher Straße, Leipzig, Germany
4 Specialist Practice in Gastroenterology, Leipzig, Germany
5 Specialist Practice in Nuclear Medicine, Leipzig, Germany
6 Department of Diagnostic and Interventional Radiology, Klinikum St Georg, Delitzscher Straße, Leipzig, Germany
References

Bibliography
DOI http://dx.doi.org/10.1055/s-0032-1310023
Endoscopy 2012; 44: E354–E355
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
I. Wallstabe, MD
Department of Gastroenterology and Hepatology
Klinikum St. Georg
Delitzscher Str. 141
04129 Leipzig
Germany
Fax: +49-341-9092673
wallstabe@endoskopieren.de

Fig. 4 Endosonographic image of the antral ulceration with a hyperechogenic line on the ulcer base (white arrow) and hypoechoogenic tissue in the thickened submucosal layer (black arrow) 4 months after selective internal radiation therapy (SIRT).

Fig. 5 Biopsy showing two round black 90Y-microspheres within the capillaries at the ulcer base and associated regenerative mucosal changes of chemical-reactive type (hematoxylin and eosin stain).