Re-recurrence after distal gastrectomy for recurrence caused by needle tract seeding during endoscopic ultrasound-guided fine-needle aspiration of a pancreatic adenocarcinoma

A 78-year-old woman, who was suspected of having pancreatic cancer, underwent endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA). Three punctures were applied using a 22-gauge needle (Boston Scientific, Tokyo, Japan) (\textcircled{1}). The procedure was completed without complication, and adenocarcinoma was diagnosed.

Eight cases of seeding during EUS-FNA for pancreatic cancer have been reported [1–8]. In three cases, curative surgical resection of the recurrent seeded lesion was performed [5–7]. Since the long-term prognosis of radical surgical resection of recurrent lesions seeded into the stomach by EUS-FNA is unknown, this issue has not been fully discussed. To our knowledge, the present case is the first report of repeated recurrence of these types of lesions in the stomach after radical surgical resection. The very existence of such cases suggests that the option of performing total gastrectomy first must be considered rather than simple surgical resection of the seeded lesions.
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Competing interests: None

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References

Fig. 5 Positron emission tomography scan 21 months after distal gastrectomy showed abnormal fluorine-18-deoxyglucose accumulation in the gastric wall (arrow).

Fig. 6 On upper gastrointestinal endoscopy, a lesion, which was thought to be re-recurrence, was observed in the upper posterior wall of the operated stomach body. Biopsies showed adenocarcinoma, which was thought to be metastasis in the gastric wall.