

Letters to the Editor

Calcified gastric carcinoma

Key words: Gastric carcinome. Gastric calcifications.

Dear Editor,

We present a case of mucinous gastric carcinoma which is a rare histological subtype of gastric cancer. It is characterized by the presence of a mucus-secreting adenocarcinoma with lakes of intercellular mucin (1,2). We would like to emphasize the importance of this lesion in the differential diagnosis when calcifications in the upper left quadrant are observed in the imaging techniques.

Case report

A 73-year old man with no past medical history was admitted for general syndrome. An abdominal CT scan showed a gastric tumor with miliary punctate calcifications (Fig. 1) and a large gastric neoplasm was found at the gastroscopy. Without evidence of vascular invasion or adenopathy neither surgical contraindication, a Billroth-II subtotal gastrectomy was performed. In the tissue removed surgically a whitish formation covering the external surface of the stomach was observed. Inside there was a 9 x 12 cm tumoral mass. The histopathological analysis revealed an adenocarcinoma with lakes of extracellular mucin (Fig. 2). One year later the patient presented deterioration of general condition and finally died.

Discussion

Mucinous gastric carcinoma is a rare subtype, representing less than 5% of gastric neoplasia and it is characterized by the



Fig. 1. Abdominal CT scan shows the gastric wall with miliary punctate calcifications (arrows).

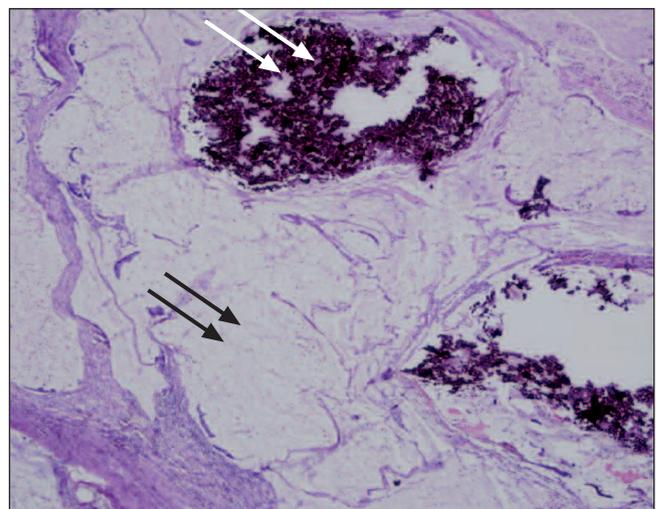


Fig. 2. Histopathological analysis shows large mucin pools (black arrows) and calcifications (white arrows).

presence of extracellular mucin in more than 50% of the tumor content (1,2). Some radiological features are helpful to distinguish mucinous from nonmucinous gastric carcinomas. Between them, the presence of calcifications with punctate or miliary pattern, as it was observed in our patient, are characteristic of a mucinous adenocarcinoma (1). Probably, the poor prognosis of this gastric neoplasm is related to the frequent serosal invasion and the advanced stage at the time of diagnosis (1-3), concluding that the histology type would not be an independent prognosis factor (2,3).

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