PICTURES IN DIGESTIVE PATHOLOGY

Adenosquamous gastric carcinoma in Caucasian patient

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Fig. 1.- Adenosquamous gastric carcinoma. The moderately differentiated squamous component may be seen in the upper part of the photograph, whereas the glandular component is shown in the lower portion (x100).

Carcinoma adenoescamoso gástrico. En el margen superior de la fotografía se observa el componente escamoso moderadamente diferenciado y en el margen inferior se observa el componente glandular (x100).

Fig. 2.- Squamous component with severe atypias and keratin formation (x250).

Componente escamoso con marcada atipia y formación de queratina (x250).

In a 56-year-old Caucasian woman an ulcerated malignant mass was found at the gastric antrum in a endoscopic study due to chronic anemia. The microscopical study exhibited a malignant tumor composed of two different epithelial cell types (Fig. 1), with an infiltrating growth pattern, and wide necrotic and hemorrhage areas. Nearly 60% of the tumor was an atypical polygonal cell proliferation with intercellular bridges, keratin, and presence of pearl corns (Fig. 2), which was a squamous carcinoma. The rest of the tumor (40%) was an atypical glandular proliferation with back-to-back phenomenon corresponding to an adenocarcinoma. The mitotic rate was high in both components. The tumor was perforated, so the patient had a secondary sepsis and died a few days after surgery.

Adenosquamous gastric carcinoma represents about 1% of all gastric tumors (1), with most of them occurring in Asian patients. Only a few cases have been published in our country, and most of them in Asian patients too (2,3); thus, the interest of this case is that it happened in a Caucasian patient. The origin of these tumors is controversial; the squamous component may develop from previous foci of squamous metaplasia or from the dedifferentiation of primitive cells. Electronic microscopical studies done in these types of tumors demonstrate that some individual cells contain both specific ultrastructural components such as tonofibrils and mucous vacuoles (2,4).

The differential diagnosis includes poor differentiated adenocarcinoma, collision tumors, pure squamous gastric carcinoma, mucoepidermoid carcinoma, and metastatic tumors. Finally, adenosquamous gastric carcinoma has a worse prognosis and more aggressive behavior *versus* conventional gastric adenocarcinoma, due to its tendency towards vascular and/or lymph-node invasion (5).

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