

Letters to the Editor

Synchronous gastric and pancreatic ductal adenocarcinoma. A case report

Key words: Gastric adenocarcinoma. Pancreatic adenocarcinoma. Synchronous tumor.

Dear Editor,

64-year-old female diagnosed with ferropenic anemia. Gastroscopy reveals a prepiloric antral ulcer. Pathologists came to the diagnosis of “well differentiated adenocarcinoma invading lamina propria”.

A body computed tomography (CT) is done to complete the study of the adenocarcinoma which shows a mass in the pancreatic tail measuring 4x2.5 cm, which is involving and infiltrating splenic artery, with images of thrombosis of splenic vein and in close contact with left adrenal gland. Also the CT reveals a hepatic mass in VI segment.

Therefore, an endoscopic ultrasound (EUS) is scheduled, which brings to light a 42 mm pancreatic mass accordingly to CT. Microscopic and immunohistochemical study of the cytological samples obtained by EUS show epithelial and stroma cells which are dyed with antibodies (Ab) against MUC5 and CD10, respectively. No staining is achieved with Ab against MC2, CDX-2, calretinin or progesterone receptors. Therefore, the most suitable diagnosis is pancreatic adenocarcinoma.

Afterwards, magnetic resonance (MR) study reports similar results: Pancreatic mass (2.7x1.6) with irregular edges compared to proximal structures and also a hepatic mass in VI segment with presumable metastatic development.

The patient undergoes surgery, executing subtotal gastrectomy with Roux-en-Y reconstruction, distal pancreatico-splenectomy and hepatic metastasectomy.

The patient presented as an only surgical complication, a gastric suture dehiscence which forced the reintervention. Twenty days after the admission to hospital, the patient was discharged with oral nutrition.

Pathology: Gastric adenocarcinoma T1N0M0, pancreatic adenocarcinoma T3N1M. Four adenopathies were discovered with presumable metastatic origin from the ductal adenocarcinoma. Hepatic segment was also obtained, which showed adenocarcinoma ductal infiltration. As a result the final pancreatic stage was T3N1M1.

Discussion

Simultaneous gastric and pancreatic ductal adenocarcinoma are an exceptional situation with short literature review (1-3). Sometimes locally extended tumors with suggestive images of metastasis could set the requirement to do a differential diagnosis between the two possibilities: Metastasis or the presence of another primary tumor. Literature review scores the incidence of secondary neoplasia in patients previously diagnosed of gastric cancer in 2%-6% (4). Prospective studies show colon cancer as the second most prevalent neoplasia associated to gastric cancer followed by lung neoplasia. It has been tried to establish several factors as age, sex, race, blood group, histology and tumor staging as a risk factor in developing second neoplasia. Elderly and 0 blood group are the only items with demonstrated statistically significant risk (5).

Summarizing, this is an unusual case of association between gastric cancer and pancreas cancer. In our patient, even given the fact that all the mass was removed, the disease has a somber prognosis due to the presence of metastasis.

Total remove of the macroscopical disease can help adjuvant treatment and improve the quality of life of these patients, being this the reason to submit the patient to this huge oncological surgery.

Javier Santos-Fernández¹, Juan José Arenal-Vera²,
Miguel Ángel Cítores-Pascual², Pilar Fernández-Orcajo¹,
Marina de-Benito-Sanz¹, Cesar Benito-Fernández²
and Claudia Tinoco-Carrasco²

*Departments of ¹Gastroenterology and ²General Surgery.
Hospital Universitario Río Hortega. Valladolid, Spain*

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