

Caso Clínico

Case Report

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Estômago em melancia, pericardite hemorrágica, tumor de pequenas células do pulmão e carcinoma pavimentocelular síncrono da base da língua

Watermelon stomach, hemorrhagic pericarditis, small cell carcinoma of the lung and synchronous squamous cell carcinoma of the tongue base

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Resumo

Baseados num caso de gastropatia antral com ectasia vascular (estômago em melancia) associado a pericardite hemorrágica e a um carcinoma de pequenas células do pulmão com metástases ganglionares ao longo do mediastino e a um carcinoma pavimentocelular síncrono da base da língua, os autores fazem uma revisão dos aspectos clínicos, endoscópicos e histopatológicos deste tipo de gastropatia, da sua associação a outras doenças e das possibilidades terapêuticas actuais por via endoscópica. Referem-se igualmente as causas mais frequentes de pericardite hemorrágica, salientando-se a

Abstract

Based on a case of gastric antral vascular ectasia (watermelon stomach) that was associated with hemorrhagic pericarditis, small cell lung carcinoma with mediastinal lymph node metastases and a synchronous squamous cell carcinoma of the base of the tongue, the authors made a review of the clinical, endoscopic and histopathological aspects of this type of gastropathy, and its association with other diseases, and of the results of its endoscopic therapy. The causes of hemorrhagic pericarditis are considered, emphasizing the necessity to know if the effusion has

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necessidade de esclarecer se o derrame é ou não de origem neoplásica. Não está referida na literatura a associação deste tipo de gastropatia ao carcinoma de pequenas células do pulmão nem ao carcinoma pavimento-celular da base da língua. A invasão extensa dos gânglios mediastínicos pelo carcinoma de pequenas células do pulmão é ocorrência frequente.

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Palavras-chave: Gastropatia antral com ectasia vascular, estômago em melancia, carcinoma de pequenas células do pulmão, carcinoma pavimento-celular da base da língua, pericardite hemorrágica.

a malignant etiology. To the best of our knowledge the association of watermelon stomach to small cell lung carcinoma and squamous cell carcinoma of the base of the tongue has not yet been described. Extensive metastases to mediastinal lymph nodes are common to small cell lung carcinoma.

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Key-words: Gastric antral vascular ectasia, watermelon stomach, small cell lung carcinoma, oat cell lung carcinoma, squamous cell carcinoma of the base of the tongue, hemorrhagic pericarditis.

Introduction

Watermelon stomach is a characteristic endoscopic finding of Gastric Antral Vascular Ectasia (GAVE), so named because of the intensely erythematous longitudinal streaks or columns of ectatic and sacculated blood vessels at the apices of prominent folds running across the gastric antrum and radiating to the pylorus sphincter, and resembling strips on a watermelon rind^{1,2}. GAVE is different from ordinary antral gastritis by its location on the antral folds and sharply demarcated lesion that blanches on pressure³.

GAVE is a rare cause of chronic iron deficiency anaemia due to slow and intermittent gastrointestinal bleeding, brought about by the erosion of submucosal ectatic vessels through the gastric mucosa⁴. Since the diagnosis is often delayed, it is common for patients to have received multiple packed red cell transfusions⁵. Even though it is a

rare disorder, GAVE is responsible for roughly 4% of non-variceal upper gastrointestinal bleeding⁶. Profuse gastric hemorrhage is rare with this disorder but may occur as a result of superimposed bleeding diathesis which is present in the majority of patients reporting melena, and is determined by the concomitant presence of conditions such as biliary cirrhosis, valvular heart disease, congestive heart failure, non-steroidal anti-inflammatory use, CREST syndrome and systemic sclerosis, and chronic renal insufficiency, which can occur in association with watermelon stomach³. Most cases of GAVE are idiopathic and occur more commonly in older women (with a 9:1 female-to-male ratio). Achlorhydria is a frequent finding in these patients due to atrophic gastritis⁷. Rarely, GAVE may occur in association with bone marrow transplantation⁸, pernicious anemia⁹, diabetes¹⁰, chronic obstructive pulmonary disease¹⁰,

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