



Contents lists available at ScienceDirect

International Journal of Surgery Case Reports

journal homepage: www.casereports.com

Gastric metastasis from salivary duct carcinoma mimicking primary gastric cancer



Kanefumi Yamashita^{a,*}, Shinsuke Takeno^a, Satoshi Nimura^b, Yoshikazu Sugiyama^c, Takayuki Sueta^c, Kenji Maki^a, Yoshiyuki Kayashima^d, Hironari Shiwaku^a, Daisuke Kato^a, Tatsuya Hashimoto^a, Takamitsu Sasaki^a, Yuichi Yamashita^a

^a Department of Gastroenterological Surgery, Fukuoka University Faculty of Medicine, Fukuoka, Japan

^b Department of Pathology, Fukuoka University Faculty of Medicine, Fukuoka, Japan

^c Department of Otolaryngology, Fukuoka University Faculty of Medicine, Fukuoka, Japan

^d Department of Gastroenterology and Medicine, Fukuoka University Faculty of Medicine, Fukuoka, Japan

ARTICLE INFO

Article history:

Received 17 March 2016

Received in revised form 2 April 2016

Accepted 2 April 2016

Available online 7 April 2016

Keywords:

Gastric metastasis

Salivary duct carcinoma

Salivary gland neoplasms

ABSTRACT

INTRODUCTION: We present a very rare case of gastric metastasis mimicking primary gastric cancer in a patient who had undergone surgery for salivary duct carcinoma.

PRESENTATION OF CASE: A 67-year-old man had been diagnosed as having right parotid cancer and had undergone a right parotidectomy and lymph node dissection. The histological diagnosis was salivary duct carcinoma. One year after the surgery, a positron emission tomography-computed tomography scan using fluorodeoxyglucose (FDG) revealed an abnormal uptake of FDG in the left cervical, mediastinal, paraaortic, and cardiac lymph nodes; stomach; and pancreas. On gastroduodenoscopy, there was a huge, easily bleeding ulcer mimicking primary gastric cancer at the upper body of the stomach. Biopsy revealed poorly differentiated adenocarcinoma. Therefore, we were unable to differentiate between the primary gastric cancer and the metastatic tumor using gastroduodenoscopy and biopsy. Because of the uncontrollable bleeding from the gastric cancer, we performed an emergency palliative total gastrectomy. On histological examination, the gastric lesion was found to be metastatic carcinoma originating from the salivary duct carcinoma.

DISCUSSION: In the presented case, we could not diagnose the gastric metastasis originating from the salivary duct carcinoma even by endoscopic biopsy. This is because the histological appearance of salivary duct carcinoma is similar to that of high-grade adenocarcinoma, thus, resembling primary gastric cancer. **CONCLUSION:** When we perform endoscopic examination of patients with malignant neoplasias, a possibility of metastatic gastric cancer should be taken into consideration.

© 2016 The Authors. Published by Elsevier Ltd on behalf of IJS Publishing Group Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Introduction

There are many histological types of salivary gland neoplasms. They include benign and malignant tumors of epithelial, mesenchymal, and lymphoid origin. The 2005 World Health Organization Classification of salivary gland tumors is complex and includes 10 benign and 23 malignant entities of epithelial origin [1]. Salivary gland malignancies have an estimated incidence of 0.5–2.5 per 100,000 individuals [2]. Among the malignancies, salivary duct carcinoma is characterized by an aggressive behavior, early metastases, local recurrence, and a high mortality rate [3] and con-

stitutes <1.8% of all major salivary gland tumors [4]. This cancer predominantly arises in the parotid gland (72%), followed by the submandibular gland (15%) [4]. However, gastric metastases from head and neck carcinomas are rare, and their incidence among all gastric metastases has been reported to range from 1% to 6.2% [5–7]. We report a very rare case of a 67-year-old man with salivary duct carcinoma metastasized to the stomach.

2. Presentation of the case

A 67-year-old man underwent a right parotidectomy for parotid cancer at our hospital. The histological report showed salivary duct carcinoma with capsular invasion. The patient received adjuvant chemoradiotherapy after the surgery. A neck ultrasonography at 1 year after the surgery showed that the left supraclavicular lymph node was swollen. Histological examination by biopsy revealed metastatic carcinoma. A computed tomography scan showed gas-

Abbreviations: FDG, fluorodeoxyglucose; CT, computed tomography.

* Corresponding author at: Department of Gastroenterological Surgery, Fukuoka University School of Medicine, Nanakuma 7-45-1, Jonan-ku, Fukuoka 814-0180, Japan.

E-mail address: kanefumi0519@yahoo.co.jp (K. Yamashita).

<http://dx.doi.org/10.1016/j.ijscr.2016.04.004>

2210-2612/© 2016 The Authors. Published by Elsevier Ltd on behalf of IJS Publishing Group Ltd. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

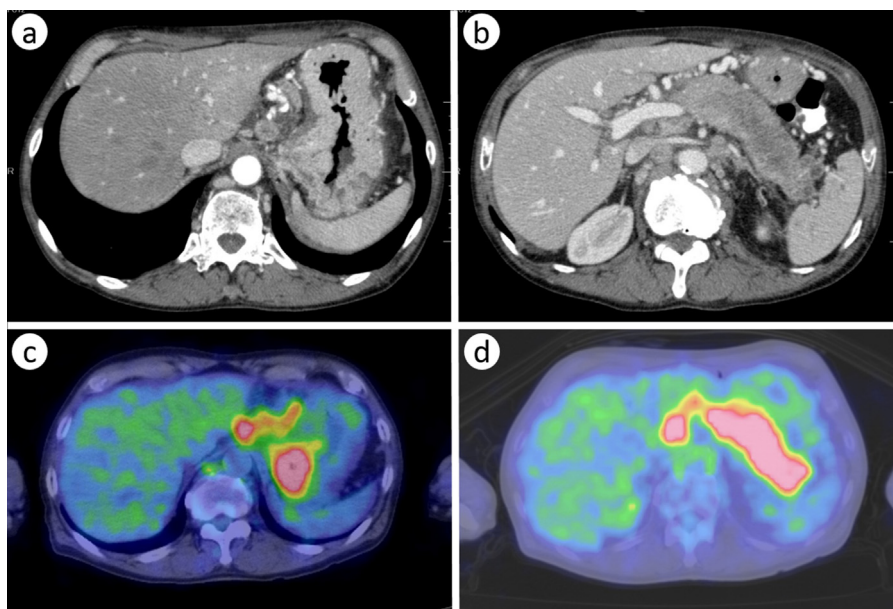


Fig. 1. Computed tomography (CT) scan and positron emission tomography–computed tomography (PET–CT) scan using fluorodeoxyglucose (FDG). (a), An abdominal CT scan demonstrated gastric wall thickening with an enlarged perigastric lymph node; (b), An abdominal CT scan demonstrated pancreatic enlargement; (c), A PET–CT scan using FDG demonstrated FDG-avid spots in the stomach and cardiac lymph nodes; (d), PET–CT demonstrated FDG-avid spots in the pancreas.

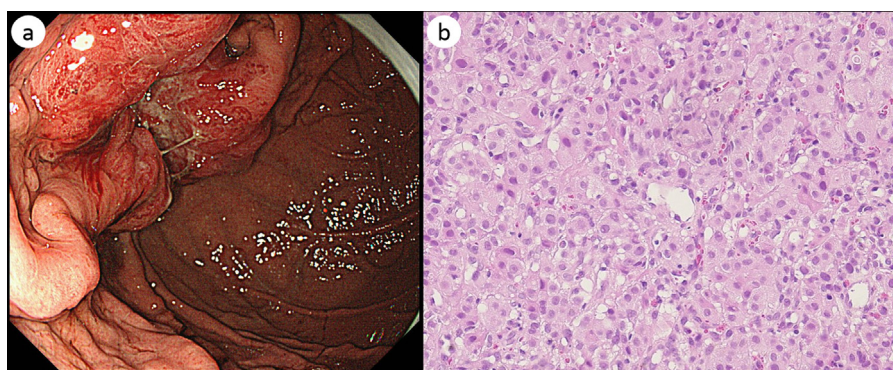


Fig. 2. (a) Gastroduodenoscopy examination. The endoscopic findings demonstrated a large ulcerative lesion at the upper body of the stomach; (b) A biopsy specimen revealed poorly differentiated adenocarcinoma [hematoxylin and eosin (HE), ×400].

tric wall thickening with an enlarged perigastric lymph node and pancreatic enlargement (Fig. 1a and b). A positron emission tomography–computed tomography scan using fluorodeoxyglucose (FDG) showed that there were intensive FDG-avid spots in the left cervical, mediastinal, paraaortic, and cardiac lymph nodes; stomach; and pancreas (Fig. 1c and d). A complete blood cell count revealed a hemoglobin level of 10.5 g/dL, hematocrit of 32.4%, and platelets of 206,000/ μ L. A tumor marker study revealed that the alpha-fetoprotein level was 2.5 ng/mL, carcinoembryonic antigen level was 11.1 ng/dL, and the carbohydrate antigen 19-9 level was 11.0 U/mL. On gastroduodenoscopy, there was a huge, easily bleeding ulcer at the upper body of the stomach (Fig. 2a). Biopsy revealed poorly differentiated adenocarcinoma (Fig. 2b). Therefore, we could not differentiate between primary gastric cancer and a metastatic tumor by gastroduodenoscopy and biopsy. Bleeding from the gastric cancer, which was difficult to control by proton pump inhibitor therapy and endoscopic hemostasis, continued until the hemoglobin level decreased to 5.0 g/dL, and the patient needed blood transfusion. Therefore, we performed an emergency palliative total gastrectomy to control the bleeding. Macroscopically, a clearly demarcated large ulcer (70 mm in size) was seen on the posterior wall of the subcardia (Fig. 3a and b). Histologically,

mixed large and small solid nests were observed, which invaded the serosa layer with lymphatic permeation (Fig. 3c). The cancer cells were diffusely positive for the HER2 oncogene (Fig. 3d). These findings were similar to those obtained for the previous surgically resected specimen of salivary duct carcinoma. Consequently, the cancer was consistent with a metastatic carcinoma originating from the salivary duct carcinoma. The patient made an uneventful postoperative recovery and received postoperative chemotherapy. However, he died from tumor regrowth 8 months after the gastrectomy.

3. Discussion

Salivary gland neoplasms are very rare and appear with an incidence of 0.5–2.5 per 100,000 individuals [2]. Salivary duct carcinoma is a particularly uncommon adenocarcinoma arising from the ductal epithelium of major salivary glands. These cancers predominantly arise in the parotid gland (72%), followed by the submandibular gland (15%) [4]. In salivary duct carcinoma, distant metastases are frequent. The most frequent sites involved (in the order of occurrence) are the lung, bone, and brain [8], whereas the stomach is an unusual site for metastases. It has been reported that

Download English Version:

<https://daneshyari.com/en/article/4288497>

Download Persian Version:

<https://daneshyari.com/article/4288497>

[Daneshyari.com](https://daneshyari.com)