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Multiple mesenteric desmoid tumors after gastrectomy for gastric cancer: A case report and literature review

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ABSTRACT

INTRODUCTION: Many patients with desmoids have an antecedent trauma, particularly surgical intervention for familial adenomatous polyposis. However, cases of mesenteric desmoid after gastrectomy are extremely rare. We present a case of multiple mesenteric desmoids after total gastrectomy for gastric cancer.

PRESENTATION OF CASE: A 70-year-old man had undergone a total gastrectomy for early stage gastric cancer. He had no other relevant medical history or family history. A year after gastrectomy, a computed tomography showed three mesenteric masses, and we performed careful observation. The 2-year post-operative examination indicated slowly growing masses. There were no other lesions except for the three masses. We decided to perform diagnostic surgery to evaluate the tumors. There were three mesenteric masses (1.5 cm, 4 cm and 1.5 cm in diameter). We performed partial small intestinal resections for each mass. Histological examination showed that the tumors were desmoids. A year after surgery, he was doing well with no evidence of recurrence of the desmoids or the gastric cancer.

DISCUSSION: Diagnosing intra-abdominal desmoid tumors is often difficult. Especially if a patient has a history of malignancy, it may be extremely difficult to differentiate multiple mesenteric desmoids from a cancer recurrence. In the current case, surgical resection was a useful treatment option as diagnostic therapy.

CONCLUSIONS: Multiple mesenteric desmoids could emerge after gastrectomy for gastric cancer, and surgical resection of the tumors is a useful option as a diagnostic therapy.

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1. Introduction

Desmoids are rare tumors, and the estimated incidence is reported to be 2–4 per million population per year [1]. Although desmoids lack the potential for distant metastases, desmoid tumors are locally aggressive and can destroy vital organs, especially intra-abdominal desmoids that often result in fatal outcomes [2]. Most desmoid tumors are asymptomatic unless the destruction of organs has occurred. It is known that about 30 percent of patients with desmoids have an antecedent trauma, particularly a surgical inter-

vention for familial adenomatous polyposis (FAP) [3–5]. However, cases of mesenteric desmoid after gastrectomy for gastric cancer are extremely rare, and there have been few reports in the literature [6–9]. We present a case of multiple mesenteric desmoids after total gastrectomy for gastric cancer with a review of the relevant literature in line with the SCARE criteria [10].

2. Presentation of case

A 70-year-old Asian man had undergone total gastrectomy for a gastric cancer, and a Roux-en-Y esophagojejunostomy was performed. Histological examination of the tumor showed moderately differentiated tubular adenocarcinoma, and the tumor was classified as pT1N0M0, stage IA according to the Union for International Cancer Control classification, 7th edition. He had an uneventful postoperative course. He had no other medical history or family history. One year post-gastrectomy, he was asymptomatic, but the CT showed three mesenteric masses (0.5 cm, 2.5 cm and 1 cm in diameter). Based on mutual agreement with the patient that he required monitoring, we performed careful observation without surgical

Abbreviations: FAP, familial adenomatous polyposis; CT, computed tomography; CEA, carcinoembryonic antigen; CA 19-9, carbohydrate antigen 19-9; PET, positron emission tomography; FDG, fluorodeoxyglucose; SUVmax, maximum standard uptake value.

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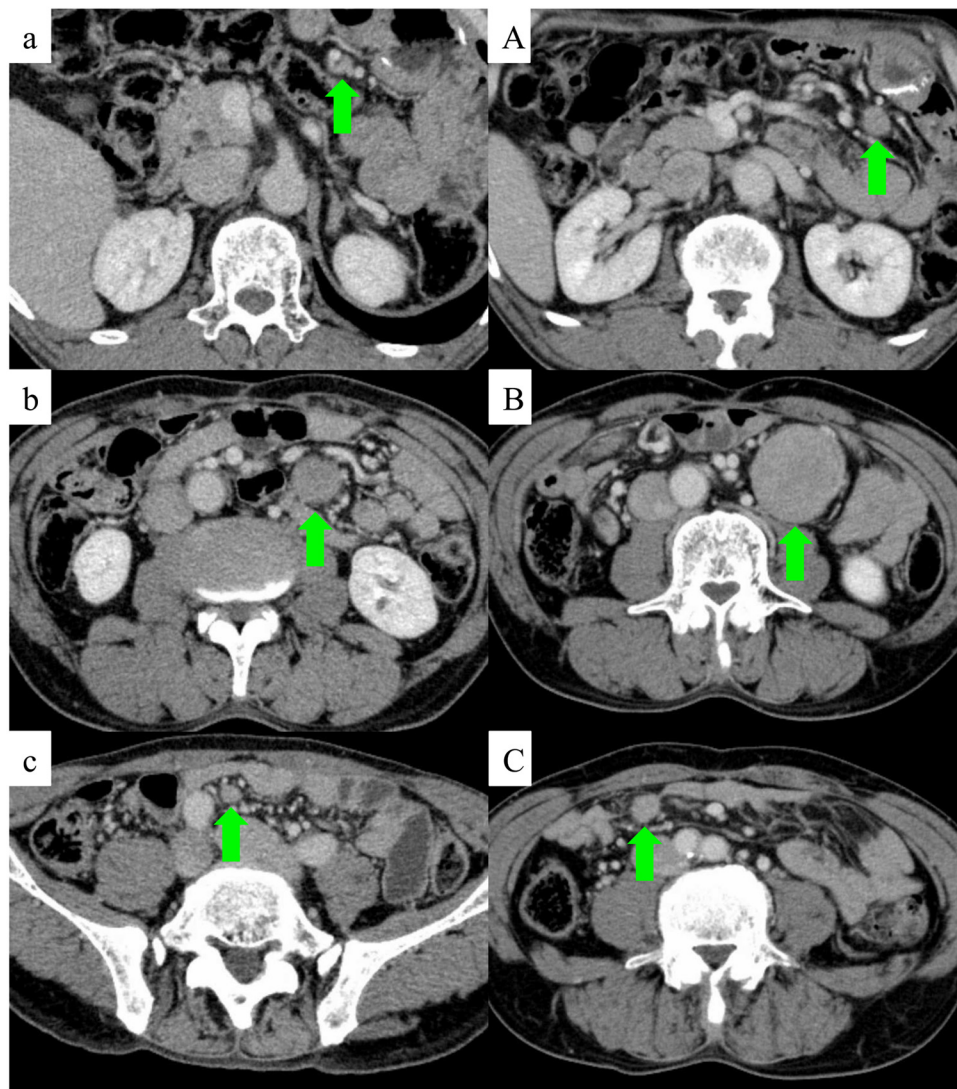


Fig. 1. CT showing 3 enhanced, round-shaped masses mimicking gastric cancer lymph nodes or peritoneal dissemination recurrence that increased in size but not in number. Small characters indicate the CT a year after gastrectomy, and large characters indicate the CT two years after gastrectomy. a: 0.5 cm, b: 2.5 cm, c: 1.0 cm in diameter. A: 1.5 cm, B: 4 cm, C: 1.5 cm in diameter.

resection or chemotherapy. Then, the 2-year postoperative CT indicated slowly growing masses (1.5 cm, 4 cm and 1.5 cm in diameter, as shown in Fig. 1). The tumor marker levels of carcinoembryonic antigen (CEA) and carbohydrate antigen 19-9 (CA 19-9) had been within normal limits. Positron emission tomography (PET) revealed fluorodeoxyglucose (FDG) uptake of two masses, and the maximum standard uptake value (SUVmax) of the largest mass was 4.1 (Fig. 2). There were no swollen lymph nodes, and there was neither ascites nor other distant metastases. We firstly suspected relapse of the gastric cancer; however, the recurrence was uncertain, and the possibility of another tumor was suspected because the gastric cancer had been diagnosed at a very early stage, the growth speed of the masses was leisurely and the number of masses was not increased. Therefore, we decided to perform a diagnostic operation to determine the tumor type.

We continuously performed a laparotomy to resect and survey the masses. There were three mesenteric masses near the bowel: a 1.5-cm diameter mass, 20 cm distal from the jejunojejunostomy; a 4-cm diameter mass, 80 cm distant from the jejunojejunostomy, and a 1.5-cm diameter mass, 120 cm distant from the jejunojejunostomy (Fig. 3). We performed partial

small intestinal resections for each mass. Histological examination showed desmoid tumors that were 15 × 12 mm, 40 × 40 mm and 15 × 13 mm (Fig. 4). Immunology testing indicated β-catenin (+). The patient had an uneventful postoperative course. A year after surgery, he was doing well with no evidence of recurrence of the desmoid tumors or the gastric cancer.

3. Discussion

Multiple mesenteric desmoids could emerge after gastrectomy for gastric cancer. Typically, a desmoid tumor is solitary and occurs at the extremities or abdominal wall in premenopausal woman or at the surgical site in patients with FAP [11–13]. It was reported that about 50 percent of all desmoid tumors are intra-abdominal, but cases in patients without FAP accounted for only about 10 percent [1,14]. Although rare, there are some reports of multiple mesenteric desmoids that were difficult to distinguish from the recurrence of malignancy [9,15,16]. We found six cases of intra-abdominal desmoid tumor after gastrectomy for gastric cancer (Table 1) [6–9]. Moreover, two of six cases including our case manifested multiple mesenteric tumors. The diagnostic difficulty would remain unrec-

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