

A RARE CASE OF CARCINOMA STOMACH WITH MULTIPLE MALIGNANCIES: A CASE REPORT

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ABSTRACT

Carcinoma stomach with synchronous bladder carcinoma is a very rare entity. Parietal cell carcinoma is a variant of gastric carcinoma. 95% of all primary gastric neoplasms are adenocarcinomas. Hepatoid carcinoma, choriocarcinoma, Paneth cell carcinoma, small cell carcinoma, neuro-endocrine carcinoma, gastric carcinoma with rhabdoid or lymphoid features and parietal cell carcinoma have been reported.

KEYWORDS

Carcinoma Stomach, Hepatoid Carcinoma, Lymphoid.

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CASE REPORT

A 45-years-old female patient presented with history of pain abdomen, vomiting since 1 week. She gives history of loss of weight and appetite since 1 month. No history of melena or hematemesis. No history of diabetes mellitus or hypertension. Patient was anaemic. On examination there was a fixed hard tender solitary mass in epigastrium. No visible peristalsis or pulsations. Ultrasound was done which showed mass in stomach with hepatomegaly suggestive of metastasis with minimal ascites. Endoscopy was done which showed a 4x5 cm mass in the body of the stomach obscuring the gastric lumen. Biopsy was taken which showed polygonal cells in lamina propria having abundant granular cytoplasm with rounded nucleus arranged in glandular pattern suggestive of parietal cells. FNAC of liver was done which was suggestive of metastatic adenocarcinoma. CECT abdomen and pelvis was suggestive of carcinoma stomach with locoregional perigastric, retroperitoneal lymph-node with hepatic metastases. Small focal enhancing lesion in the dome of the urinary bladder wall measuring around 14x7 mm. L1 vertebral body showed small lytic or sclerotic lesions.

FAC chemotherapy regimen was planned but patient could not tolerate chemotherapy and developed breathlessness.

DISCUSSION

A synchronous carcinoma of parietal cell carcinoma and bladder carcinoma has been rarely reported in literature. Parietal cell carcinoma is commonly encountered entity with high mortality and morbidity¹. Carcinoma stomach patients present to the OPD with features of gastritis and on further evaluation diagnosis will be arrived at. The management of carcinoma stomach depends on the size and operability of the tumour.

Surgical resection followed by chemotherapy is the treatment of choice. In case of non-operability neo-adjuvant chemotherapy with palliative surgery is the treatment of choice.

Carcinoma bladder is usually seen in tobacco users.² Males more commonly affected than females. Treatment of bladder carcinoma too depends on the stage and size of the tumour. Transitional cell carcinoma is the most common histological variant. The tumours involving the mucosa of the bladder with bladder wall involvement are treated with TURBT. In case of bladder wall involvement, radical resection of tumour followed with chemotherapy is advised.³

CONCLUSION

Synchronous carcinoma of parietal cell and bladder is very rarely reported in literature. Parietal cell carcinomas are part of rare types of carcinomas of stomach reported in literatures (5%), among these rare varieties parietal cell contribute to 0.2% of these rare varieties. Till date 16 cases have been reported in various literatures and 1 case of parietal cell carcinoma of stomach with urothelial tumour of the bladder. In our case patient had a huge parietal cell carcinoma involving whole of the stomach with urothelial tumour of bladder causing hydronephrosis and metastasis to liver and spine, palliative treatment was done.

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