中文題目：疑似胃癌之肺癌併胃黏膜轉移一例報告
英文題目：A rare presentation of lung adenocarcinoma with gastric mucosa metastases mimicking gastric cancer - a case report
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Background :

We report here a rare case , that was diagnosed as Borman type III gastric cancer by 2 hospitals , but turn out to be lung cancer with gastric mucosa metastases.

Case Report:

A 57 years old female , suffered from epigastralgia and had back pain for 2 months. She visited A hospital and bone metastases was diagnosed by bone scan , the primary site was recognized as gastric cancer after endoscopy and biopsy. As she came to our hospital , GI man also performed an endoscopy examination , which revealed a 4 cm Borrmann Type III ulcerative mass with infiltration of the wall at anterior wall of high-body(Fig 1), the biopsy showed adenocarcinoma. When doing staging work-up, the CT scan showed: Consistent with gastric cancer at anterior wall of high body. More than two hepatic hilar and hepatogastric lymph node metastasis, and Diffuse peritoneal/mesentric infiltration and ascites. Moreover, there is also Left adrenal, multiple liver, bone and lung and pleural and suspected pericardial metastasis. The lung condition is also poor , there is Multiple bilateral mediastinal and pulmonary hilar lymph node metastasis. In RML there is an 2.8 cm sized spiculated tumor(Fig.2).

To differentiate whether the lung nodule is metastatic lesion or 2nd primary lung cancer , we performed CT guide biopsy of lung mass. The pathology compared the lung and stomach biopsy , we found the two cancer tissue had concordant in immunohistochemistry stain both of them are positive for TTF1,CK7, NapsinA; and Negative of GATA3, CK20, P40, PAX8. (Fig 3, Fig 4) We reexamine the mucosa of gastric biopsy , the tumor cell invade from mucosa to submucosa and muscularis , which is rare in metastatic tumor . We also check the EGFR mutation , but both lung and stomach tissue are wild type of EGFR.

We then treat her according to lung cancer protocol.

Discussion: Gastric metastases is a very rare condition , accounts about 2.6% of all gastric neoplasms. Most common origin site are breast, lung , esophageal , pancreatic cancer and skin melanomas(1). Most gross appearances are submucosal tumors with/without central ulceration , when they had ulceration , it will mimicking advanced gastric cancer. The metastatic tumor is more solitary and located upper 2/3 of stomach body, as in our case. The metastatic route usually via lymphatic ,and/or hematogenous spreading , but direct seeding via swallowing of sputum might be

another route , just like uropelvis urothelial carcinoma spreading cancer cell to bladder. The lung cancer is not uncommonly metastases to stomach, the incidence is 0.2% to 0.5% in necropsy data. (2,3) The immunohistochemistry is very useful in telling the cell origin, but one should be aware of patient's clinical manifestation .

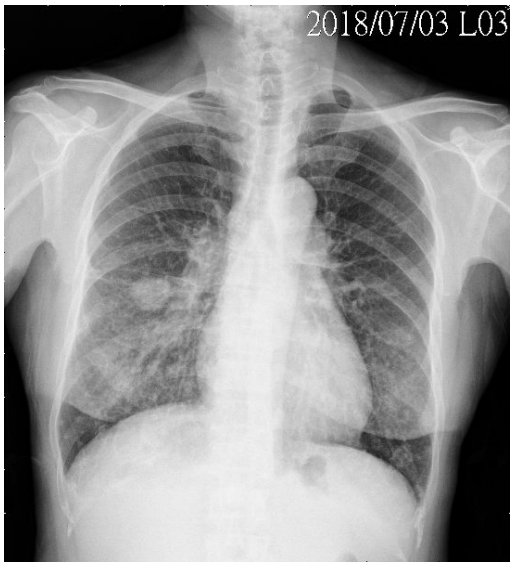

Fig.1 CXR showed RML nodular lesion

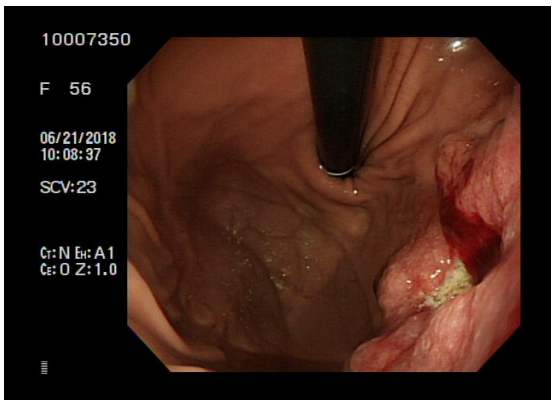

Fig. 2 Ulcera

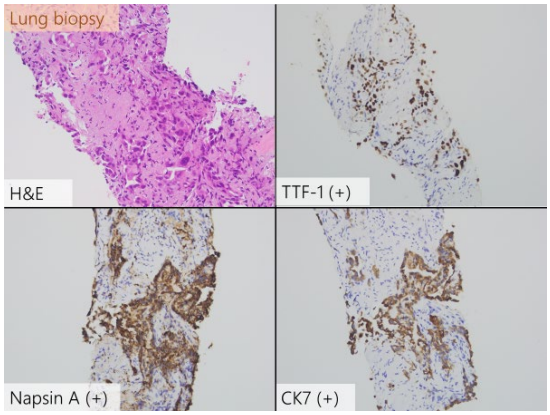

Fig.3 Lung biopsy

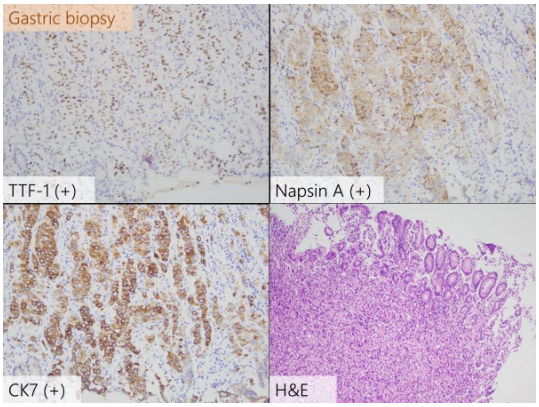

Fig.4 Gastric biopsy

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1. Metastatic cancer to the stomach. *Gastric cancer.* 2006; 9:19-25
2. Hematogenous metastases to gastric stomach. Cancer 65: 1596-1600, 1990
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