Primary Gastric Squamous Cell Carcinoma with Concurrent H. Pylori Infection and Colonic Metastasis

Bryanna Jay MD¹, David Farrow MD¹, Caleb Spencer MD¹, Sara Stanley DO², Anas Renno MD², Toseef Javaid MD²

¹The University of Toledo Department of Internal Medicine ² The University of Toledo Department of Gastroenterology

Introduction

Primary gastric squamous cell carcinoma (PGSCC) is a rare, aggressive malignancy that requires EGD with biopsy and pathology for diagnosis.

H. pylori infection is a known risk factor for gastric malignancies but only one previous case has been reported with an association with PGSCC

Case Details

66-year-old Hispanic male, with no significant past medical, family, or social history presented to the hospital with syncope, three weeks of melena, fatigue, exertional dyspnea, and 50lb weight loss.

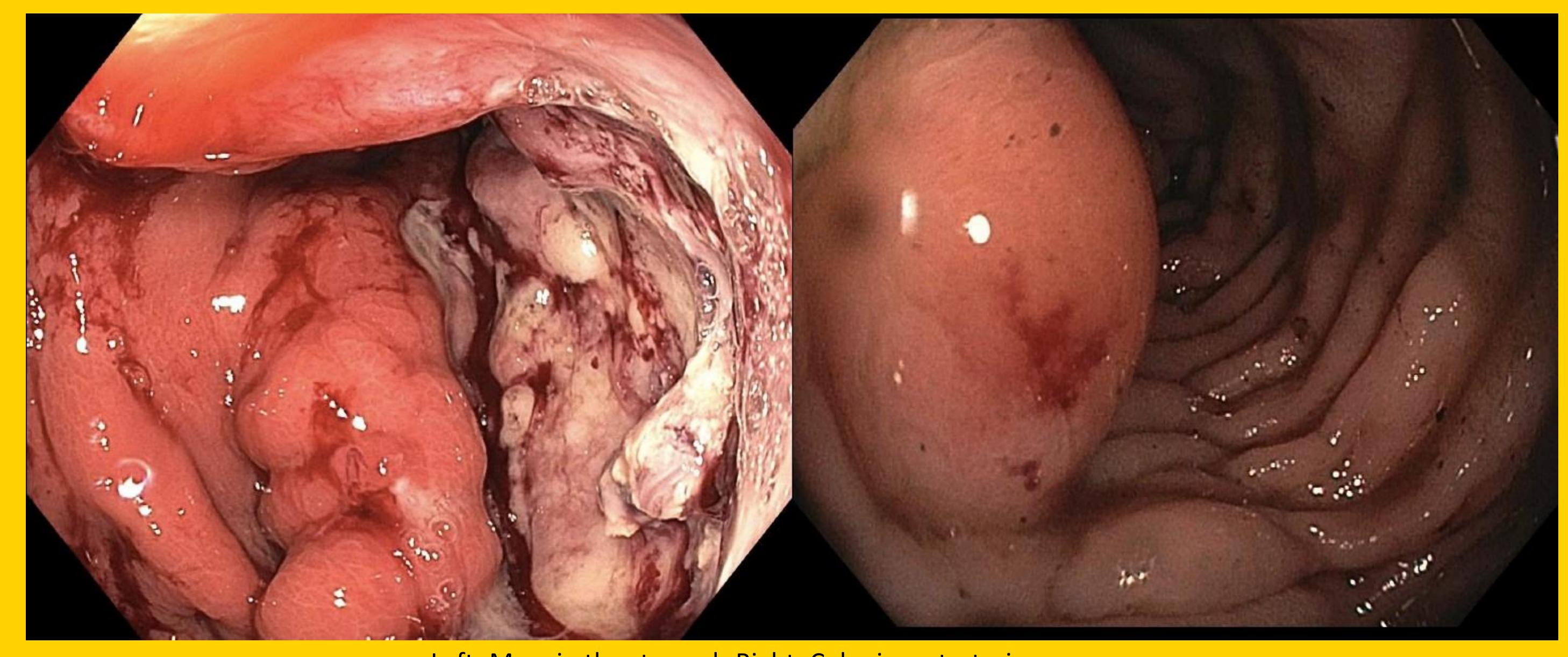
Labs were significant for HGB of 3.2 and CT abdomen with contrast showed a mass in the antrum of the stomach, most prominent posteriorly and around the greater curvature.

EGD showed a normal esophagus and a 15cm oozing, fungating, and partially circumferential gastric mass, located in the antrum, involving the entire posterior wall with extension into the greater curvature. The mass was 5cm below the GE junction, without evidence of esophageal involvement.

Colonoscopy then revealed a 4 cm lesion near the splenic flexure.

Pathology was significant for poorly differentiated squamous cell carcinoma and Helicobacter pylori infection in the stomach and poorly differentiated squamous cell carcinoma from the colon.

Treatment was initiated with triple therapy for his H. pylori infection and systemic chemotherapy.



Left: Mass in the stomach Right: Colonic metastasis

PET scan showing high enhancement in stomach mass

Discussion

PGSCC is a rare, aggressive form of gastric malignancy accounting for approximately 0.2% of primary gastric cancer.

Association with H. Pylori infection is one of the most significant risk factors for the development of gastric cancer due to the chronic inflammation.

Metastasis to the colon is exceptionally rare with most cases metastasizing to liver, peritoneum, lung and bone.



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