An Atypical Case of Suspected Small Bowel Metastasis from a Gastric Primary Site

Joshua D. Kirschenbaum, BS[1]; Nicole B .Salvi, BA[1]; Catherine C. Uy, MD[1,2]; Renee Williams, MD, MHPE, FACG[1,2]
[1]NYU Grossman School of Medicine, [2] NYU Langone Health Department of Gastroenterology

NYU Langone Health

Department of Gastroenterology

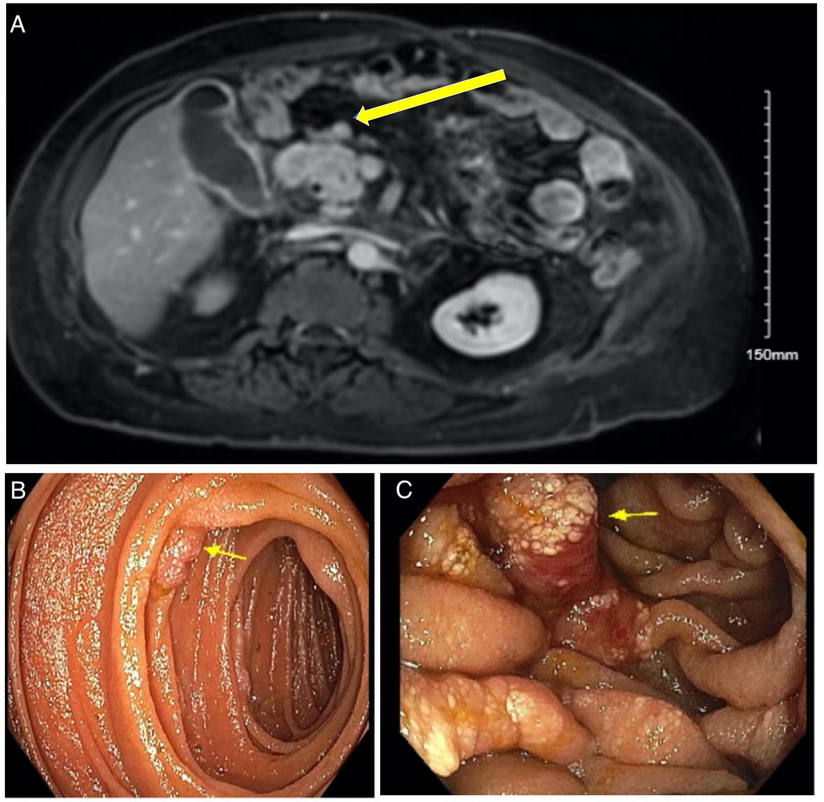
INTRODUCTION

- Small bowel neoplasms comprise 1-2% of all gastrointestinal malignancies[1]
- Most frequently seen primary small bowel neoplasms[2]:
  - Adenocarcinoma (most common)
  - Neuroendocrine tumors
  - Lymphoma
  - Sarcoma
- Malignant small bowel disease originating from another site is associated with the following routes of metastasis [3,4]:
  - Hematogenous spread
  - Lymphatic spread
  - Direct/continuous extension of from diseased adjacent tissue
  - Extraluminal invasion
- Patients can present with a range of symptoms that may include pain, distension, bleeding, and/or obstruction
- A diagnosis of small bowel cancer may easily be overlooked as it is seen infrequently relative to its other gastrointestinal malignant counterparts

CASE DESCRIPTION

We report on the case of a 68-year-old male with a history of gastric adenocarcinoma 2 years status post subtotal gastrectomy and extensive lymphadenectomy followed by adjuvant chemotherapy, who presented for evaluation after 1 episode of melena. Initial laboratory workup was notable for a hemoglobin of 7.8 g/dL. The patient had been admitted twice in the previous months with symptomatic anemia requiring multiple transfusions. MRI from these recent prior hospitalizations revealed regions of retroperitoneal lymphadenopathy with the most notable conglomerate measuring 4.0 x 1.3 cm anterior to the pancreatic head. Serial EGDs/push enteroscopies at that time revealed friability/bleeding at the gastrojejunal anastomosis requiring clip placement. There were also several small flat hypopigmented nodules scattered in the efferent limb; biopsy from one of these sites returned positive for adenocarcinoma. Repeat push enteroscopy with biopsy was performed. Anastomotic biopsies taken demonstrated only mild foveolar hyperplasia, while biopsies from 5 separate jejunal nodules were positive for poorly differentiated adenocarcinoma with extensive lymphovascular invasion.

FIGURES:



A) Lymphadenopathy anterior to pancreatic head seen on MRI from previous admission

B & C) Regions of jejunal nodularity visualized on push enteroscopy during most recent admission

DISCUSSION

- Non obstructive, multifocal metastatic small bowel cancer originating from a gastric primary site in a patient s/p subtotal gastrectomy is a presentation not explicitly described in the current literature.
- The working diagnosis for the remainder of the patient's hospitalization was metastatic recurrence of known gastric adenocarcinoma given multifocality of lesions seen
  - Immunohistochemical staining to confirm source of primary malignancy ultimately not pursued
  - The immunohistochemical profile of small bowel adenocarcinoma more closely resembles that of colonic adenocarcinoma than that of gastric adenocarcinoma[5]

CONCLUSION/TAKEAWAYS

- Primary as well as metastatic small intestinal malignancies are rare and often present non-specifically
- Such a diagnosis merits consideration in patients presenting with a variety of prandial/abdominal complaints, especially in those with a history of GI malignancy even years after surgical management of localized disease

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