

INTRODUCTION

Hepatoid gastric adenocarcinoma is a rare extrahepatic tumor, characterized by morphological similarity to hepatocellular carcinoma and production of alpha-fetoprotein.

We report a case of gastric hepatoid adenocarcinoma occurring at the esophagogastric junction; a location scantily reported of this lesion subtype.

CASE DESCRIPTION

Our patient presented with abdominal pain, regurgitation, weight loss, and bulky retroperitoneal lymphadenopathy on imaging.

Later, two enlarging abdominal wall masses emerged prompting biopsy, staining positive for glypican-3, Hep-Par-1, and alpha-fetoprotein.

On endoscopy, an ulcerating mass was noted at the esophagogastric junction extending into the cardia.

Next-generation sequencing identified 68th percentile PD-L1 expression.

Treatment was initiated with oxaliplatin, 5-fluorouracil, leucovorin, and nivolumab.

After initial regression, he later succumbed.

DISCUSSION

Hepatoid adenocarcinoma accounts for only 0.17-15% of gastric cancer subtypes[1].

Most reports involve lesions occurring solely in the stomach — very few describe occurrences involving the esophagogastric junction supplementing the uniqueness of this case.

It also commonly co-occurs with metastatic liver lesions[2] which were not so in this circumstance.

These tumors produce alpha-fetoprotein and may also stain positive for novel hepatocellular tumor markers: glypican-3 and Hep-Par-1.

In the phase 3 Checkmate 649 trial, the PD-1 inhibitor nivolumab combined with chemotherapy was superior to chemotherapy alone[3].

There are currently no evidence-based recommendations for therapy.

Current treatment strategies are extrapolated from other gastric cancers leading to a dismal prognosis.

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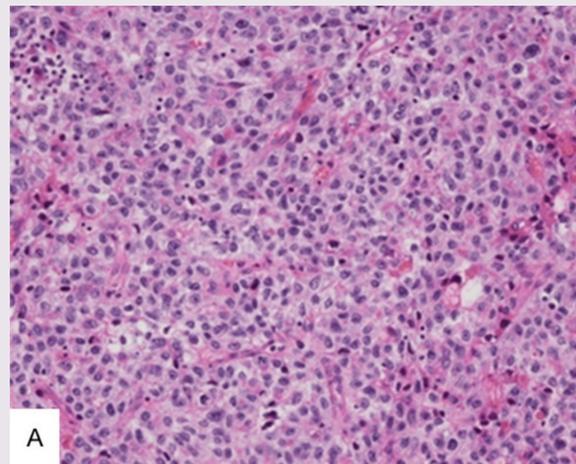


Figure 1 – x200 H&E stain of hepatoid adenocarcinoma of the stomach showing large and polygonal cells with abundant clear and weakly eosinophilic cytoplasm, arranging in a trabecular pattern

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Hepatoid gastric adenocarcinoma presenting at the GEJ is rare.

Further research is needed on treatment.