ISOLATED INTRAMURAL GASTRIC METASTASIS OF PANCREATIC DUCTAL ADENOCARCINOMA (PDAC) DETECTED ON SURVEILLANCE ESOPHAGOGASTRODUODENOSCOPY (EGD) BEFORE ENDOSCOPIC ULTRASOUND (EUS) GUIDED BIOPSY

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Introduction

- PDAC is an aggressive malignancy that requires prompt diagnosis and treatment to provide the patient with the best chance of long-term survival.[1]
- Patients who have an imaging-confirmed solitary pancreatic mass generally undergo a EUS-guided fine needle biopsy (FNB) for histological confirmation of the diagnosis.[2]

Aim

We describe **a rare case of solitary intramural gastric metastases** discovered on **surveillance EGD prior to EUS-guided biopsy.**

Figure Legends

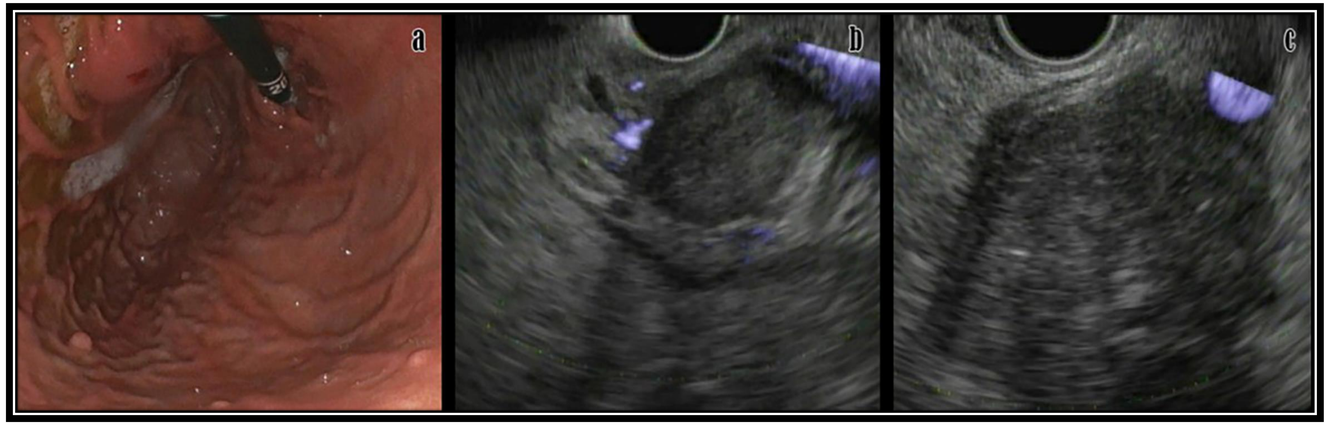
Figure 1a: EGD demonstrating 2cm submucosal, non-circumferential mass in the gastric fundus.

Figure 1b: EUS demonstrating a 2.1 cm intramural mass in the gastric fundus originating from the muscularis propria.

Figure 1c: EUS demonstrating 3.9-cm x 3.8-cm mass in the pancreatic body with invasion into the superior mesenteric vein, splenic vein, and splenoportal confluence with no noted arterial involvement

Case

- 63-year-old male with a past medical history of hypertension, chronic pancreatitis, and tobacco use presented with two months history of epigastric pain, and 5lbs weight loss.
- He denied jaundice, loss of appetite, pale-colored stools, or generalized itching.
- Initial CT abdomen showed a **2.7cm x2.6cm mass in the pancreas body** with associated proximal pancreatic duct dilatation and atrophy, suspicious of pancreatic neoplasm.
- **Ca19-9 was 111, and CEA was 1.1**. **No evidence of metastasis was found on the CT chest/abdomen. EUS-guided FNB was scheduled.**
- **At the beginning of the procedure, a surveillance EGD** was performed which **showed a 2cm submucosal, non-circumferential mass in the gastric fundus (Figure 1a).**
- **EUS** was performed next which **confirmed a 2.1 cm intramural mass** in the gastric fundus originating from the muscularis propria **(Figure 1b)**, and a **3.9cm x 3.8cm mass in the pancreatic body** with invasion into superior mesenteric vein, splenic vein, and splenoportal confluence with no noted arterial involvement **(Figure 1c)**.
- EUS-guided FNB of both lesions was obtained using separate needles. Histopathology from both biopsies demonstrated invasive adenocarcinoma, histomorphologically similar and suggestive of a pancreatic primary. This changed the staging of the patient from borderline resectable to metastatic and he was referred for palliative chemotherapy.



Discussion

- **Isolated gastric metastasis of PDAC is extremely rare, and documented cases in the literature are from a prior diagnostic biopsy that created a seeding tract.[3]**
- Our case highlights **two** major points:
  1) Though rare, isolated intramural gastric metastasis can occur and can be missed on cross-sectional imaging.
  2) Currently there is no consensus or guideline that mandates an EGD prior to EUS.
- In this case, this significant finding which changed the staging, treatment, and prognosis of the patient could have been missed with an oblique viewing EUS scope.
- At our center, **we routinely perform EGD prior to EUS. Prospective studies are needed to confirm the utility of this practice.**

References

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