

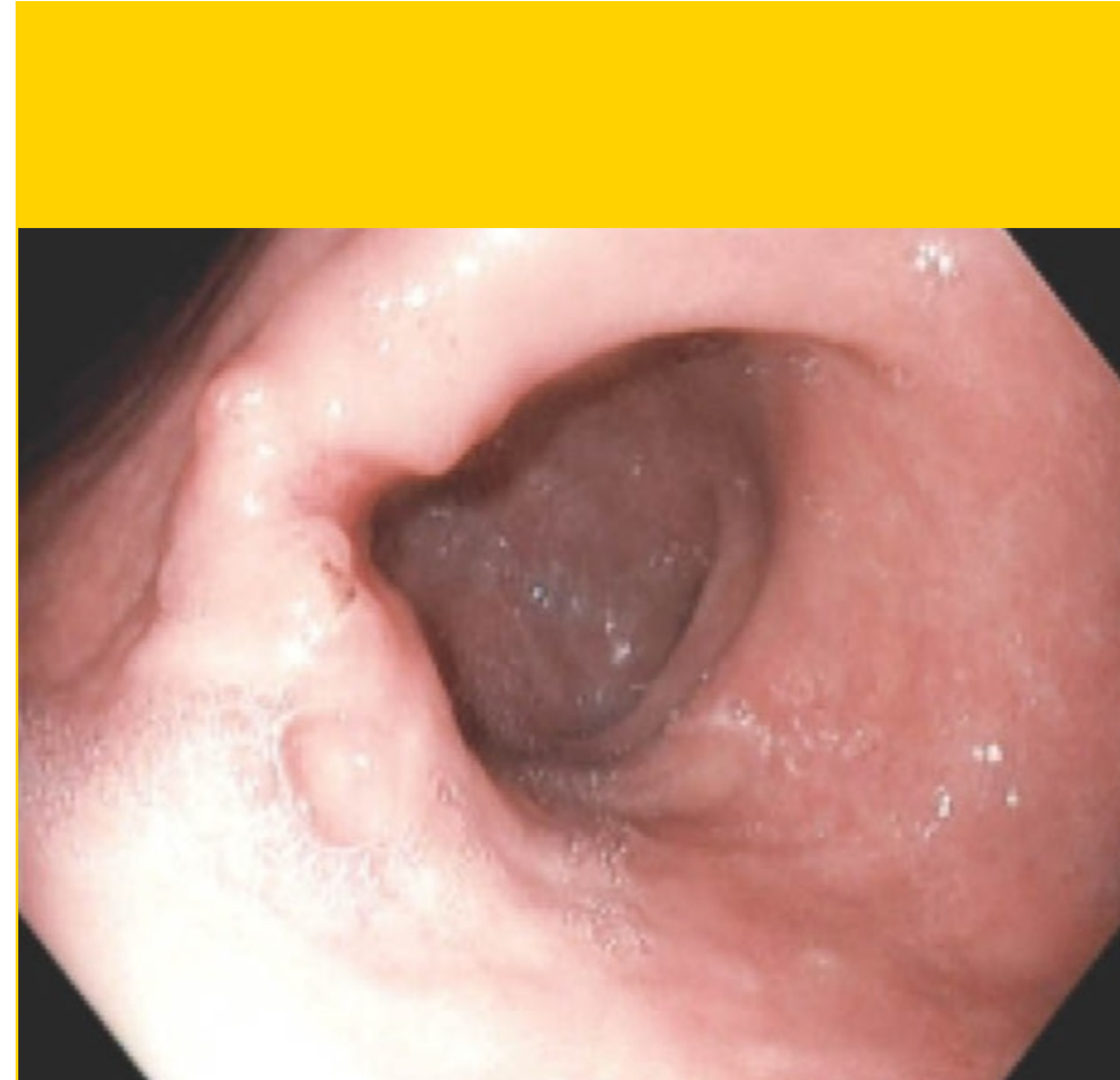
# Discovery of Gastric Adenocarcinoma During PEG Tube Placement in Patient With Epiglottic Squamous Cell Carcinoma

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## Introduction

Multiple primary neoplasms constitute up to 2-17% of cancer diagnoses. Etiological factors such as genetics, lifestyle choices, and immune status have a significant impact on the likelihood of patients developing synchronous multiple primary tumors. The timing of diagnosis for the different cancers has a major impact on disease management, treatment plans, and patient outcomes. We report a patient who was diagnosed with gastric adenocarcinoma at the time of percutaneous endoscopic gastrostomy (PEG) tube placement for dysphagia secondary to squamous cell carcinoma of the anterior epiglottis.



Esophagogastroduodenoscopy images showing gastric adenocarcinoma at the gastric incisura.

## Results

A 77-year old male presented to the outpatient surgery center for upper endoscopy with PEG tube placement. Two months prior, the patient was diagnosed with p16 negative invasive squamous cell carcinoma of the anterior epiglottis. He was referred for PEG tube placement for nutrition supplementation due to 5 months of progressive dysphagia and protein calorie malnutrition with an unintentional weight loss of 50 lbs. Past social history was significant for tobacco dependence with 52 pack years and alcohol dependence.

At the time of PEG tube placement, endoscopy revealed a 1.5 cm excavated lesion at the gastric incisura. Biopsy was performed to rule out malignancy. PEG tube was successfully placed. The gastric biopsy was consistent with diffuse type signet ring gastric adenocarcinoma.

PET scan 1 month prior to PEG tube placement did not show any foci of abnormal FDG uptake outside of the primary lesion in the epiglottis. Patient is currently undergoing treatment for laryngeal carcinoma with chemotherapy and radiation. Assessment and treatment for gastric cancer diagnosis will be deferred until completion of treatment for laryngeal carcinoma.

## Conclusion

Concurrent laryngeal and gastric cancer is a unique diagnosis that has not been well reported in the literature. However, given the strong association for both malignancies with chronic alcohol and tobacco use, it is not unreasonable for both to occur in the same patient in an independent manner. The literature has shown that signet ring cell carcinomas have significantly lower <sup>18</sup>F-FDG uptake than other forms of gastric cancer. These findings highlight the importance of completing a full endoscopic evaluation in all patients undergoing endoscopy even for procedures as straightforward as PEG tube placement.

## References

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