

A Tale of Two Sisters: Two Pediatric Cases within a Familial Cluster of Hereditary Diffuse Gastric Carcinoma

Lacey Falgout¹, Shilpa Kailas MD¹, Daniel Raines MD¹, Lawrence Gensler MD FACP²

¹Louisiana State University Health Sciences Center, Department of Gastroenterology, New Orleans, LA

²Northlake Gastroenterology Associates, Covington, LA

BACKGROUND/AIM

- Hereditary Diffuse Gastric Cancer (HDGC) is a familial form of poorly differentiated signet ring cell carcinoma (SRCC)
- Caused by an autosomal dominant mutation in the CDH1/E-cadherin gene mediating cell adhesion
- Early stages of SRCC can be exceptionally difficult to diagnose as there are characteristically widespread submucosal foci beneath an intact surface epithelium
- Carriers are advised to undergo prophylactic gastrectomy due to the high mortality associated with invasive HDGC
- Carriers also have an increased risk of lobular breast carcinoma, cleft lip/palate, and colorectal adenocarcinoma.

CASE

- A 15-year-old female with no significant past medical history presented to clinic with a 4-month history of generalized abdominal pain with no specific aggravating/relieving factors.
- Family history was significant for a paternal great-aunt who reportedly died from gastric cancer at age 28 .
- EGD revealed diffuse mild inflammation in the stomach with normal appearing rugae without ulceration or masses and normal proximal duodenum.
- Biopsy of the antrum revealed poorly differentiated signet ring cell carcinoma.
- The patient subsequently underwent a curative laparoscopic roux-en-Y esophagojejunostomy, jejunojunostomy with exploratory laparoscopy.
- Analysis of the stomach revealed 156 foci of SRCC confined to the lamina propria with the final proximal and distal surgical margins negative for the tumor by microscopy.
- Based upon the unusual occurrence of SRCC in a young female, the patient and her family underwent genetic testing, revealing a pathologic mutation in the CDH1/E-cadherin gene in the patient, her 10-year-old sister, and the father.
- Screening EGD in the 10-year-old sister and the father also revealed SRCC confined to the lamina propria.

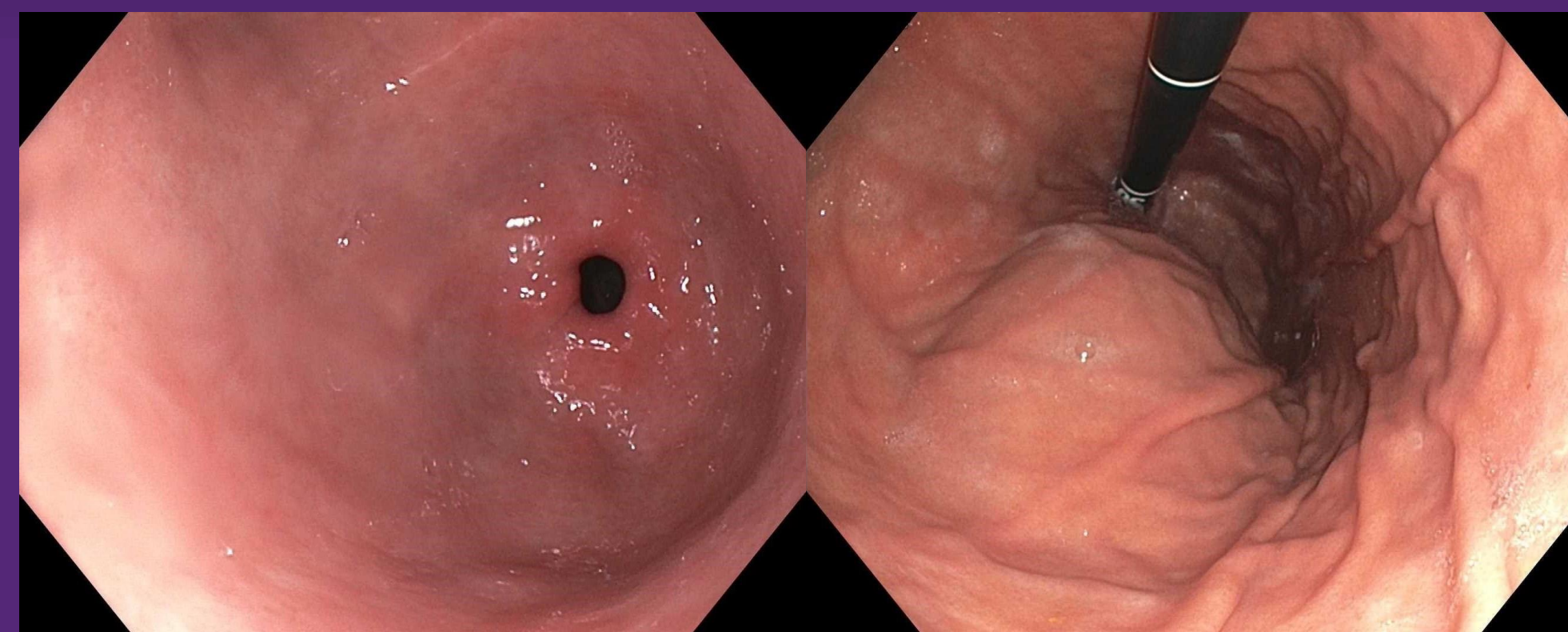


Image 1 – EGD revealed diffuse mild inflammation of the stomach with normal appearing rugae without ulceration or masses

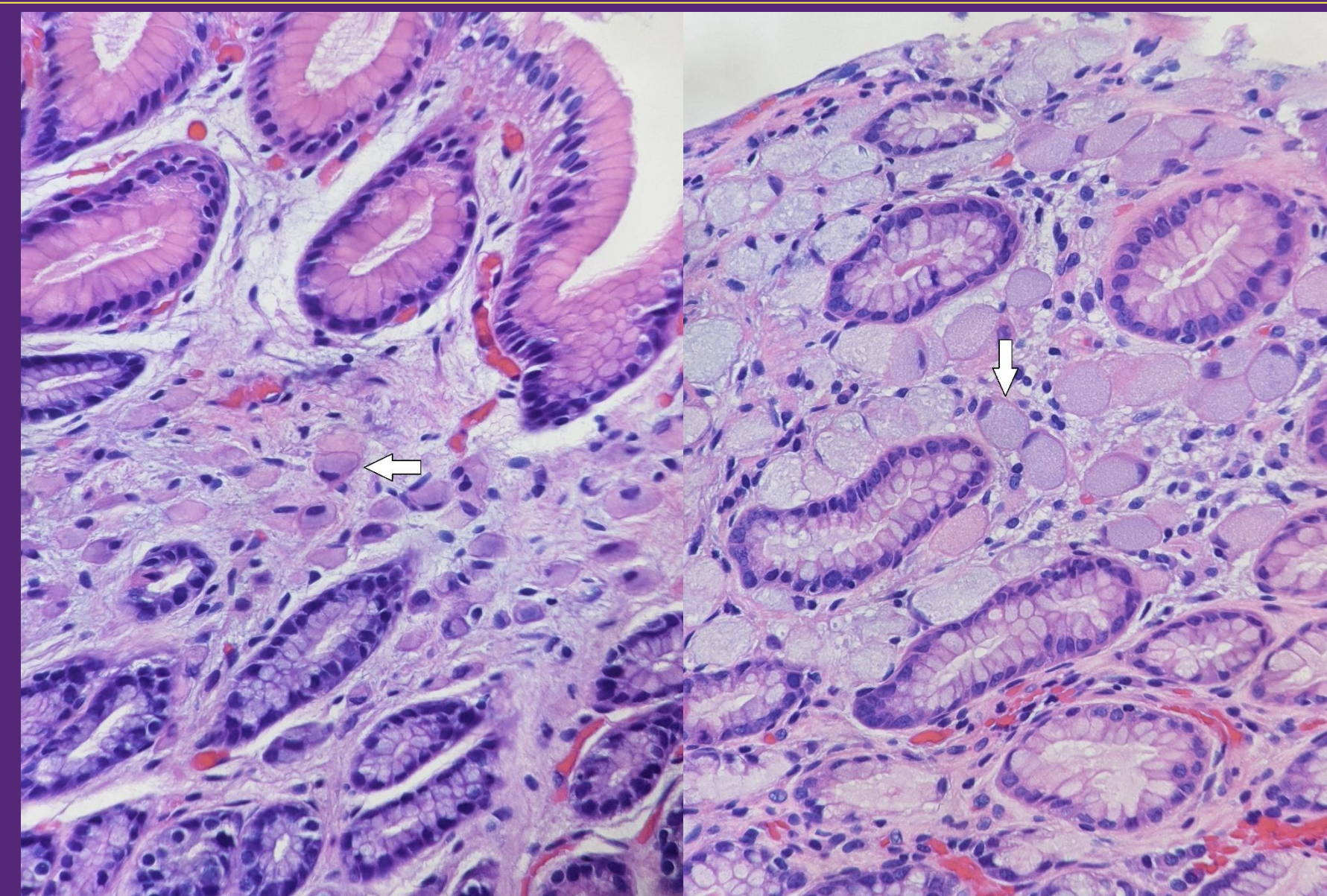


Image 2 – Biopsy from gastric antrum demonstrating poorly differentiated signet ring cell carcinoma present in the lamina propria.

CONCLUSIONS

- Worldwide, approximately 990,000 people are diagnosed with gastric cancer, of which about 738,000 die from this condition yearly.
- Gastric carcinoma primarily affects patients between the ages of 50 and 70 years of age and is uncommon before the 5th decade of life.
- Early-onset gastric cancer (EOGC) is defined as gastric cancer occurring at the age of 45 years old or younger.
- Gastric carcinoma is exceedingly rare in the pediatric population, which may lead to delayed diagnosis.
- HDGC should be considered when a patient presents with gastrointestinal symptoms and has a positive family history of gastric cancer among 1st and 2nd degree relatives, particularly if a relative was diagnosed before the age of 50.
- HDGC may exhibit indolence for decades even after invading the lamina propria. The molecular mechanisms that initiate the transition from indolent to invasive behavior are unknown and require more research.
- Early identification and treatment of gastric signet-ring cell carcinoma is imperative for a more favorable prognosis.

REFERENCES

1. Luo W, Fedda F, Lynch P, Tan D. CDH1 Gene and Hereditary Diffuse Gastric Cancer Syndrome: Molecular and Histological Alterations and Implications for Diagnosis And Treatment. *Front Pharmacol*. 2018;9:1421. Published 2018 Dec 5. doi:10.3389/fphar.2018.01421
2. Blair VR, McLeod M, Carneiro F, et al. Hereditary diffuse gastric cancer: updated clinical practice guidelines. *Lancet Oncol*. 2020;21(8):e386-e397. doi:10.1016/S1470-2045(20)30219-9
3. Gullo I, Devezas V, Baptista M, Garrido L, Castedo S, Morais R, Wen X, Rios E, Pinheiro J, Pinto-Ribeiro I, Ferreira RM, Preto J, Santos-Antunes J, Marques M, Campos M, Almeida F, Espinheira MDC, Amil Dias J, Figueiredo C, Oliveira C, Trindade E, Carneiro F. Phenotypic heterogeneity of hereditary diffuse gastric cancer: report of a family with early-onset disease. *Gastrointest Endosc*. 2018 Jun;87(6):1566-1575. doi: 10.1016/j.gie.2018.02.008. Epub 2018 Feb 15. PMID: 29454568.
4. Huntsman DG, Carneiro F, Lewis FR, MacLeod PM, Hayashi A, Monaghan KG, Maung R, Seruca R, Jackson CE, Caldas C. Early gastric cancer in young, asymptomatic carriers of germ-line E-cadherin mutations. *N Engl J Med*. 2001 Jun 21;344(25):1904-9. doi: 10.1056/NEJM200106213442504. PMID: 11419427.
5. Al-Hussaini A, Alghamdi S, Alsaaran R, Al-Kasim F, Habib Z, Ourfali N. Gastric adenocarcinoma presenting with gastric outlet obstruction in a child. *Case Rep Gastrointest Med*. 2014;2014:527471. doi: 10.1155/2014/527471. Epub 2014 Jan 14. PMID: 24707411; PMCID: PMC3965945.
6. Waldum HL, Fossmark R. Types of Gastric Carcinomas. *Int J Mol Sci*. 2018 Dec 18;19(12):4109. doi: 10.3390/ijms19124109. PMID: 30567376; PMCID: PMC6321162.