

Background

Patients with a prior partial gastrectomy for benign diseases, such as Peptic Ulcer Disease (PUD), are at an increased risk of developing Gastric remnant Carcinomas. These generally arise near the anastomotic site in a Billroth type II. Advancing therapeutics have resulted in a reduction in prevalence of peptic ulcer gastrectomy, though surgical management may still be indicated in certain instances including; bleeding, perforation, malignancy, and gastric outlet obstruction. Despite a decreased in gastrectomies performed for the management of benign disease, the long interval between surgery and onset has caused the incidence to remain stagnant. Here we present a case of adenocarcinoma 57 years after Billroth II for treatment of PUD.

Hospital course

90-year-old male with a past medical history of PUD status post-Billroth II 57 years prior presented to the hospital with hematemesis. On admission he was admitted to the ICU for hemorrhagic shock and treated with three units packed red blood cells, started on IV Pantoprazole twice daily, and taken for urgent endoscopy. Unfortunately, the stomach and the middle two-thirds of the esophagus were filled with clotted blood. After more than an hour of irrigation and clot removal, the source of hemorrhage was not found due to the excessive blood. The patient was kept nothing by mouth, given IV erythromycin, and taken for a repeat endoscopy. Again, after copious irrigation and clot removal, a source could not be found. The treatment continued and again endoscopy was performed. During this evaluation, the tissue of the anastomotic region of the stomach was noted to have granularity, friability, erythema, and ulcers suspicious of malignancy. Biopsies were taken, which demonstrated adenocarcinoma of the stomach. The patient decided not to undergo further treatment and was discharged home with hospice care.

Discussion

Remnant gastric stump cancer after resection of benign disease is a well-recognized complication and defined as malignancy occurring five or more years after gastrectomy. The incidence is reported between 0.5-1% of gastrectomy performed for benign disease. The incidence of gastric stump carcinoma following gastrectomy for benign disease typically increases 30 years after the initial gastrectomy. The underlying pathogenesis is thought to be secondary to reflux of biliary contents retrograde into the stomach, causing gastritis, leading to intestinal metaplasia and, ultimately, the development of adenocarcinoma. Despite an increased risk for cancer, partial gastrectomy continues to be performed for PUD complications after conservative management has failed. While this process takes many years, it should be heavily considered in younger patients when considering partial gastrectomy as a treatment for PUD. Cases such as this may highlight a need for further research and the development of screening guidelines for earlier detection of gastric remnant carcinoma.



Figure 1: Ulcers, granularity, friability, erythema, and congestion in gastric antrum.

References

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