



Immunosuppression and the Course of Gastric Cancer: A Role For Closer Surveillance

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INTRO

- Predisposed patients with gastric intestinal metaplasia (IM) have an increased risk of progression to gastric cancer by 3 fold
- Literature is sparse in terms of surveillance of gastric cancer in transplant patients, regardless of the presence of IM
- Our case illustrates how aggressively gastric cancer could progress when a predisposed patient with IM is also immunosuppressed

CASE

A 63 y/o M with an orthotopic liver transplant 5 years prior for cirrhosis secondary to autoimmune hepatitis on immunosuppressants, presented to clinic with weight loss and nausea. He had incomplete IM of the antrum found 2 years ago during an endoscopy.

VITALS/PE

Vitals:
T 98, BP 138/79,
HR 85, SpO2 95%

HEENT: Sclera white
Abd: Soft, non-distended, non-tender. BS normoactive
MSK: No jaundice

LABS

9.4		
7.6	553	
31.6		
135	99	14
4.7	26	1.14
ALT 18, AST 30		
Alk phos 113		
Tbili 0.5		

IMAGING

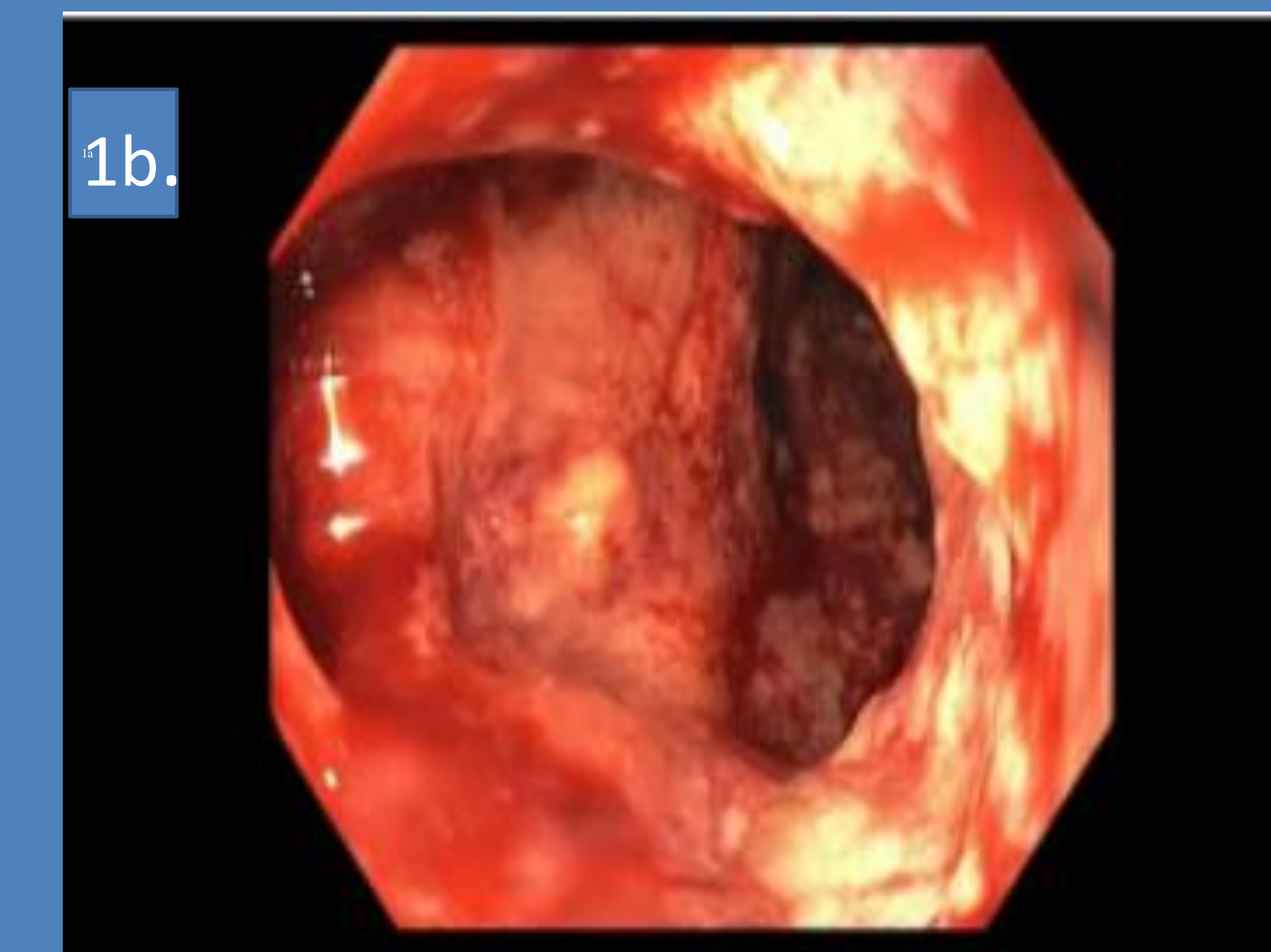


Fig 1. EGD: 17 cm fungating, circumferential mass of (a) gastric cardia and (b) gastric body

OBJECTIVE

DIAGNOSTICS

Endoscopy revealed a fungating mass in the cardia and body (Fig. 1a, b). Biopsies showed metastatic signet ring adenocarcinoma. The patient passed away within two months of diagnosis.

DISCUSSION

- Our patient had multiple risk factors for gastric cancer including incomplete, noncardia metaplasia and immunosuppression.
- Chronic immunosuppression is associated with worse 5-year survival rates, suggesting a more aggressive course of gastric cancer.
- Incidental diagnoses of gastric cancer in immunosuppressed transplant recipients resulted in earlier stage malignancy with better prognosis.
- Knowing these facts, we suggest a possible role for gastric cancer screening and/or surveillance in these patients.
- Further research to address differences among specific organ transplants, immunosuppression regimens, and their associated gastric cancer risk should be considered

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