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TÍTULO: Clinicopathologic features and surgical outcome of Gastric Stump Cancer

OBJECTIVO:
INTRODUÇÃO: Patients with prior resection of distal stomach are at increased risk of developing Gastric Stump Cancer (GSC). A tumor with difficult diagnosis and low resectability, GSC has a poor prognosis with 7-25% 5-year survival rates. The aim of this study is to retrospectively evaluate the clinicopathologic features and surgical outcome of GSC treatment.

MATERIAL E MÉTODOS: Retrospective analysis of 53 patients resected with curative intent for GSC at University of São Paulo Hospital between 2000 and 2014. The clinical, operative and follow-up data were analyzed.

RESULTADOS: Forty patients were men, the mean age at the time of diagnosis was 67 years-old and had a mean pre-operative BMI of 20.7 kg/m2. Forty one patients (77.3%) had the first surgery for the treatment of benign peptic ulcer, with a mean time from this to GSC diagnosis of 28 years (1-60 years). Reconstruction was performed with Billroth II technique in 81%, Bilroth I in 1,8% and Roux-en-Y in 16,9%. R0 resection was achieved in 50 (94,3%) patients, associated organ resection was performed in 13 (24%) and in 38, (71,6%) lymph node dissection was D2. Post-operative morbidity rate was 50,9% and 11 patients (20,7%) had a Clavien-Dindo classification >=3. Post-operative mortality was 13,2%. T4 tumor was diagnosed in 14 patients (26,4%) and lymph node metastasis was evident in 22 patients (41,5%). Mean follow-up was 39 months and overall 5-year survival was 48%.

DISCUSSÃO: GSC represents a clinical challenge with high surgical morbidity and less favorable outcomes.

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The standard of care for treatment of locally advanced esophageal cancer is surgery followed by chemotherapy and/or radiation therapy. Complete pathological response after preoperative chemotherapy has been associated with the best long-term outcome. There are disagreements regarding the pathogenesis of these tumors, with both genetic and epigenetic alterations playing a role. There are a few related cases in the literature of complete pathological response but not with this regimen, neither in the specimen nor in the 22 regional lymph nodes. However, the authors reported that in a patient with a history of peptic ulcer 20 years ago and a gastric ulcer in the cardia, esophagogastroduodenoscopy revealed a ulcerated gastric neoplasm. The patient underwent degastrectomy with extended D2 lymph node dissection and a Roux-en-Y esophagojejunostomy. On microscopic examination, no tumor cells were detected. The patient was treated with EOX without significant toxicity. Afterwards, he underwent a complete pathological response, achieving pathological complete response but not with this regimen.

Disruption and abnormal patterns are frequently described in several types of tumors, including gastric cancer. Epigenetic alterations can influence gene expression, and these alterations have been observed in gastric cancer. MALAT1 mRNA expression loss was confirmed in GC samples; however, none of the analyzed epigenetic marks were observed. We report on a case with complete pathological response after perioperative chemotherapy with EOX, which makes this case interesting and a window of opportunity for further studies.