Gastric squamous cell carcinoma: a collision tumour or a regressed adenosquamous carcinoma: a case report.

OBJECTIVO/INTRODUÇÃO: The squamous phenotype is rare in the gastric region, comprising less than 0.04% of the total gastric carci-

nomas, which lends relevance to the discussion of its histogenesis.

MATERIAL E MÉTODOS: A 50 years old male reported epigastric pain and anaemia in the last 5 years. Endoscopy and biopsy: GEJ type III adenocarcinoma and Barrett esophagus. Staging: cT4a Nx M0. Three cycles of neo-adjuvant chemotherapy (triplet) very good clinical response but imaging response was poor. Laparotomy: carcinoma of the GEJ and invasion of left liver lobe. Trans-hiatal distal esophagectomy, total gastrectomy and atypical left hepatectomy, en bloc.

RESULTADOS: The tumour was 13 cm long, transmural and showed a poorly differentiated area on the surface, with focal mucus production, and a deep, well differentiated, squamous component. It infiltrated the capsule of Glisson but spared the hepatic parenchyma. Multidisciplinary decision: three more cycles of chemotherapy. Patient is disease free 15 months after operation.

DISCUSSÃO: The broad squamous component of this case may be interpreted, on the one hand, as an adenosquamous carcinoma which glandular component has regressed under chemotherapy or, on the other hand, and given its dimension and differentiation, as a collision tumour. Nevertheless, according to the WHO criteria, these carcinomas should be considered a distal extension of an esophageal squamous cell carcinoma.

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