ABSTRACT ID: EG1241324

TÍTULO: Poorly differentiated gastric carcinoma with glandular and squamous phenotype: a case report

OBJECTIVO/
INTRODUÇÃO: A squamous component in the context of a gastric adenocarcinoma must be interpreted with care, taking into account its possible origins and the management repercussions.

MATERIAL E MÉTODOS: A 83-year-old male with previous chronic atrial fibrillation, diabetes mellitus and hypertension complained of epigastric discomfort, weight loss and anaemia, progressing for 2 months. An adenocarcinoma of the gastric body was diagnosed in upper digestive endoscopy. Ecoendoscopy staging: cT4aNxM0. The patient was unsuited for neoadjuvant chemotherapy. Operative report: a gastric tumour invading left liver lobe and transverse mesocolon was identified, upgrading stage to cT4b; subtotal gastrectomy with segmentectomy II en bloc was performed.

RESULTADOS: The lesion was composed of two admixed areas: one with a syncytial arrangement with occasional pseudolumens, and another with a nested appearance, outlining peripheral palisades or a mosaic-like display. Reactivity for cytokeratin 7 and negativity for squamous markers (cytokeratins 5/6 and p40) in the syncytial component were showed, whereas all markers were positive, despite heterogeneously, in the nested areas. The tumour infiltrated the hepatic capsule but not the parenchyme. The patient is 6 month disease free.

DISCUSSÃO: The lesion was signed off as a poorly differentiated carcinoma, with a solid component and an area which further dedifferentiated into a squamous phenotype, and most probably evolved from an adenocarcinoma, as highlighted by the immunophenotype.

HOSPITAL: Santa Maria, Lisboa
SERVIÇO: Centro Académico de Medicina de Lisboa
Neo-adjuvant chemotherapy (CT) has been shown to im-
prove survival in locally advanced gastric cancer (GC).
However, CT is also associated with toxicity and poor
tolerance. Aim: Identify predictive factors of response to
perioperative CT.

Surgical treatment of early gastric cancer (EGC) ensu-
res an excellent prognosis. Endoscopic resection has
been performed in an increasing number of patients
with low risk of lymph node metastasis (N+). The purpo-
se of this study was to determine the predictive factors
with low risk of lymph node metastasis (N+). The purpo-
se of this study was to determine the predictive factors
with low risk of lymph node metastasis (N+) of EGC.

The N+ was observed in 18.4% in the total sample, and
11.2% in the subgroup with endoscopic resection crite-
dar permeation, submucosal invasion and diffuse histo-
logical type, microsatellite instability and E-cadherin
imunoexpression didn’t show association with CT
response.

178 patients were evaluated with an average age of 62
years. Most lesions were located in the antrum (41%).
56.7%. 98 patients had indication for therapeutic en-
dooscopic resection. Total gastrectomy was performed
to achieve N0 status in 54 patients and N+ in 44,
12%, gastric body 45%, antrum 43%. The histology
was intestinal type in 74% and diffuse in 26%. Res-
sponse was observed in 71%. Toxicity was reported in
64%, with CT interruption in 38%. Median follow-up was
15.5 months. Mortality was 15 (35.7%). The final mo-
model was 0.943. His-
prognostic factor

A single institutional retrospective analysis of the demo-
graphic, clinical and histopathological characteristics of
56 patients undergoing surgery for ECG between 2007-
2011. Treatment consisted of subtotal or total
 gastrectomy in 62% and curative intent in 90%.

Lymph node metastasis is not negligible in patients with
gastric cancer. In this setting is crucial to offer the treatment that
should take into account the prognostic and predictive
factors of N+ were lymphovascular invasion and lesion
-