

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.

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