Small Bowel Metastasis From Gastric Cancer

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Introduction

Primary and metastatic tumors of the small bowel are exceedingly rare, making up less than 3% of all tumors of the gastrointestinal tract. They can present with obstruction, intussusception, and GI bleeding; however, the more common symptoms are abdominal pain, nausea and vomiting. Many patients will be diagnosed retrospectively after exploratory laparotomy. The primary tumors of small bowel metastasis generally arise from breast, lung and melanoma but rarely from the stomach. We describe a case report of metastatic gastric adenocarcinoma found in the small bowel two years after initial diagnosis.

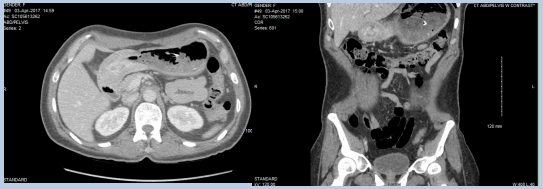
Case

A 42-year-old female with DM presented with gastric outlet obstruction. She had experienced significant weight loss and undergone six EGDs in four months which repeatedly demonstrated a gastric ulcer, wall thickening, and gastritis. Biopsies were negative for malignancy and she was diagnosed with diabetic gastroparesis. Given her persistent symptoms and unknown etiology, she underwent a subtotal gastrectomy with Roux-en-y reconstruction and GJ tube placement. Pathology of the gastric antrum showed invasive poorly differentiated diffuse-type adenocarcinoma (T4N1).

Case

Two months later, she presented with a newly diagnosed obstructing colon mass. CT scan and a colonoscopy were consistent with an obstructing mass approximately 10 centimeters from the dentate line. She underwent a diverting colostomy. Biopsies taken at that time showed recurrent gastric adenocarcinoma. Patient again completed chemotherapy.

Given multiple admissions for SBOs, she was once again taken to the OR. Just proximal to the ileum, there was noted to be a thickened stricture which was resected. Pathology showed poorly differentiated adenocarcinoma consistent with metastatic gastric adenocarcinoma. She again underwent chemotherapy and subsequently died 7 months later.



Axial (1) and coronal (2) view showing moderate wall thickening of the gastric antrum



Axial (1) and coronal (2) view showing large amount of ascites, peritoneal enhancement concerning for carcinomatosis and thickened small bowel wall.

Discussion

Primary and metastatic tumors of the small bowel are exceedingly rare, making up less than 3% of all tumors of the gastrointestinal tract. As described in this case report, many patients will be diagnosed retrospectively after exploratory laparotomy. The primary tumors of small bowel metastasis generally arise from breast, lung and melanoma but rarely from the stomach.

References

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