

中文題目：腸胃道出血在一位肉瘤病人

英文題目：Gastrointestinal bleeding in a patient with sarcoma

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Introduction

A sarcoma is a rare kind of cancer that grows in connective tissue. The most common site of metastasis is the lung, with other sites being bone, the brain, and the liver. Sarcoma in gastrointestinal tract is rare, and its prognosis is poor. Metastasis to the gastrointestinal tract has rarely been documented. We present an unusual case of sarcoma with metastasis to the stomach, complicated by upper gastrointestinal bleeding.

Case Report

An 87-year-old woman with hypertension presented to the emergency department(ED) with fever for one day. She also reported having poor appetite, fatigue, dry cough and body weight loss in recent one month. She had no urinary symptoms. The patient was a non-smoker, and denied cluster history nor special travel history. At ED, body temperature was 37°C, blood pressure 128/75 mmHg, heart rate 80 beats per minutes, respiration rate 22 breaths per minutes, and oxygen saturation was normal on room air. Chest and lung examination showed symmetrical expansion and bilateral clear breathing sound. Cardiovascular and abdominal examinations were normal. Laboratory tests showed white blood cell count 9300/uL(normal range 3600-11200/uL) with 75.4% neutrophils, and elevation of C-reactive protein(3.33 mg/dL; normal range <0.8 mg/dL). Anemia(Hb: 8.3 g/dL; normal range 11.1-15.0) was noted too. Liver and renal function tests were within normal limits. The chest radiograph demonstrated bilateral small nodular shadows(Figure 1). A tentative diagnosis of pneumonia was made, and she was admitted to chest medicine ward for antibiotic treatment. She had no fever after admission. Sets of acid-fast stain reported not found. A follow-up chest x-ray 3 days later demonstrated a similar pattern to the previous one. Further workup with chest computerized tomography (CT) scan was arranged and it showed multiple smooth-margined nodules of different sizes in both lungs, osteolytic bone lesions in right 5th, left 7th ribs and multiple thoracic vertebrae, and hypodense liver nodules and masses. Lungs, bones and liver metastasis were suspected.

Because anemia as well as tarry stool happened to her,

esophagogastroduodenoscopy(EGD) was arranged. The EGD revealed multiple gastric ulcerative lesions at body(Figure 2). Biopsy was done and histopathological examination revealed individual markedly pleomorphic neoplastic cells with patternless pattern, in the ulcerative background. (Figure 3). High grade sarcoma were considered. In addition, the patient underwent bipolar hemiarthroplasty because of left hip fracture with displacement. The histopathological examination of fractured femoral cancellous bone reported sarcoma change (diffuse strong of vimentin). Sarcoma with multiple gastric, bone, lungs and liver involvement was suspected. In consideration of patient's old age, the patient and the family would like to accept supportive care. Thus, the patient was discharged after symptoms improved.

Discussion

Sarcomas are a rare group of malignant tumors of mesenchymal origin, accounting for about 1% of all adult cancers. Most primary sarcomas involve an extremity (59%); the next most common sites are trunk (19%), retroperitoneum (13%), and head and neck (9%). Distant metastases are the most common cause of death from these mesenchymal tumors. Median survival after development of distant metastases is 12 to 19 months. Approximately 80 percent of metastases are located in the lungs with other sites being bone, the brain, and the liver. The stomach is a very unusual site of metastasis. The incidence in clinical and autopsy series is reported to vary between 0.2 and 0.7%. Gastric metastasis has been reported that has higher prevalence of breast cancer (27%), lung cancer (23%), renal cell cancer (7.6%) and malignant melanoma (7%). Gastric metastasis portends a grave prognosis with only 20% of patients surviving more than 16 months. Surgical resection of gastric metastasis may be performed to control life-threatening bleeding, but most patients do not receive long-term benefit.

Figures



Figure 1. Chest radiograph showed interstitial pattern with nodular shadow in bilateral lungs, widening of mediastinum, right 7th rib fracture, and cardiomegaly.



Figure 2. The EGD revealed polypoid lesions with ulceration at high body

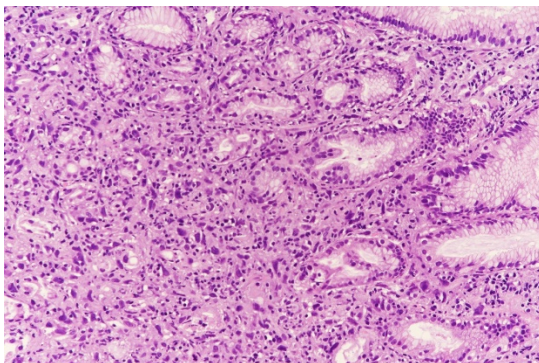


Figure 3. The histopathological examination revealed composed of densely cellular

stroma with spindle cells containing pleomorphic nuclei