

- 55y/o, female
- CC: mild epigastric pain for 3 months
- Full sensation on postprandial for 20 mins
- Relieved by hot drink
- Semi-liquid diet in recent one month
- Tarry stool
- Weight loss: 2Kg for 3 months









09:43:34
14-MAR-02

IMCH

L
W

DR.
UPPER GI S

UGI-series

- a huge circumferential mucosal lesion, from the mid gastric body to the pyloric canal, with irregular mucosal folds.
- The lesion involves both lesser and greater curvature, mainly at the lesser curvature side.
- Ulceration is noted within the lesion near the proximal pyloric canal.

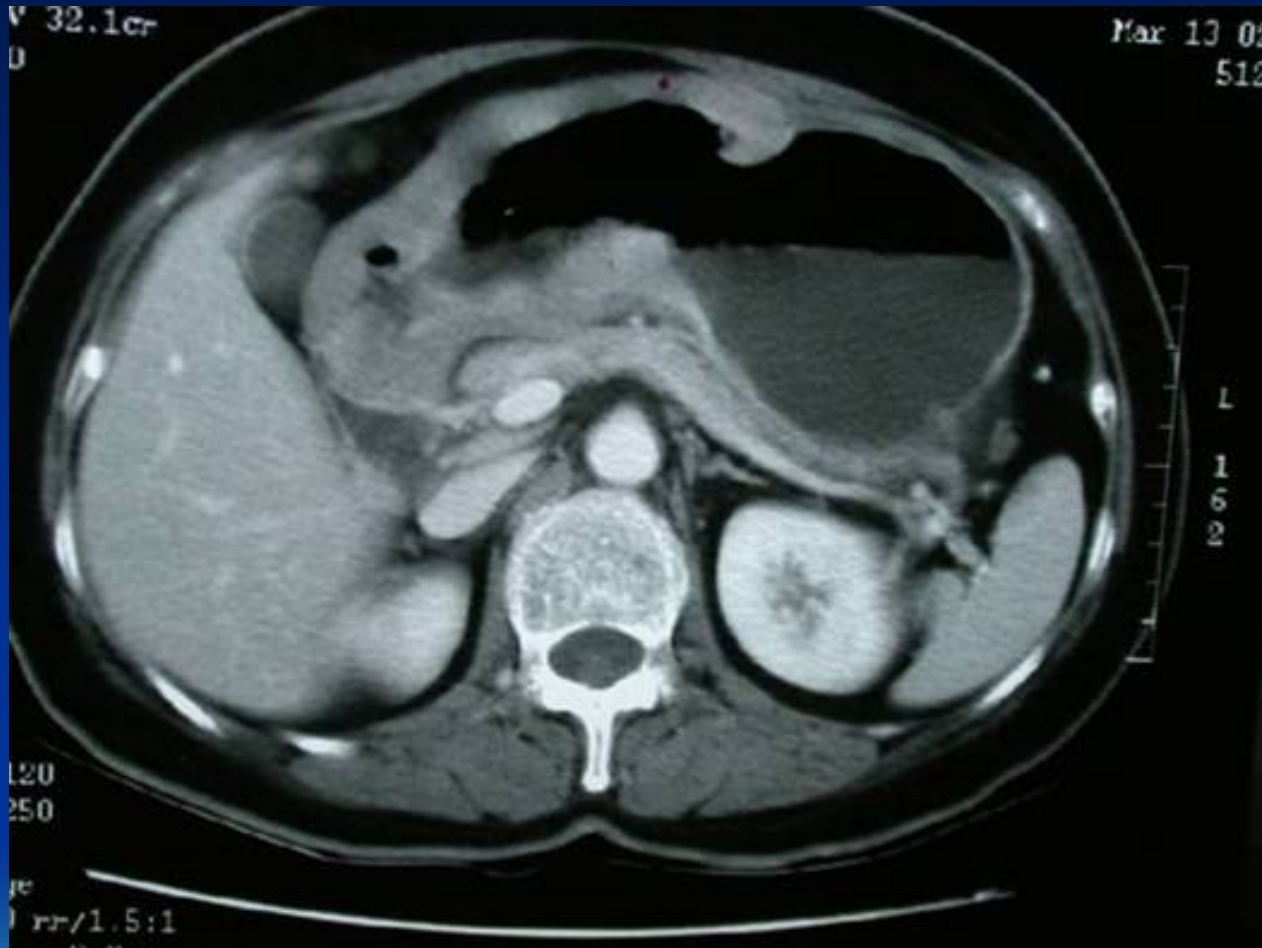


UGI-series

- Smooth passage of the barium through the esophagus, stomach to the duodenum is noted.
- The duodenal bulb is relative intact.
- The EC junction is patent.







ed CT/i SYS=CT01
19954

A 118

TAIPEI MED. UNIVERSITY HOSP.

Req No: 9Y00327

JAU WANG SHIOU-N

55 F 73027

45.5
3-c

39.2cm
P

20
50

e

mm

: 0.0

s 10:57:35 AM

5 L 82

ed CT/i SYS=CT01

A 118

TAIPEI MED. UNIVERSITY HOSP.

Req No: 9Y003272

JAU WANG SHIOU-NI

55 F 730270

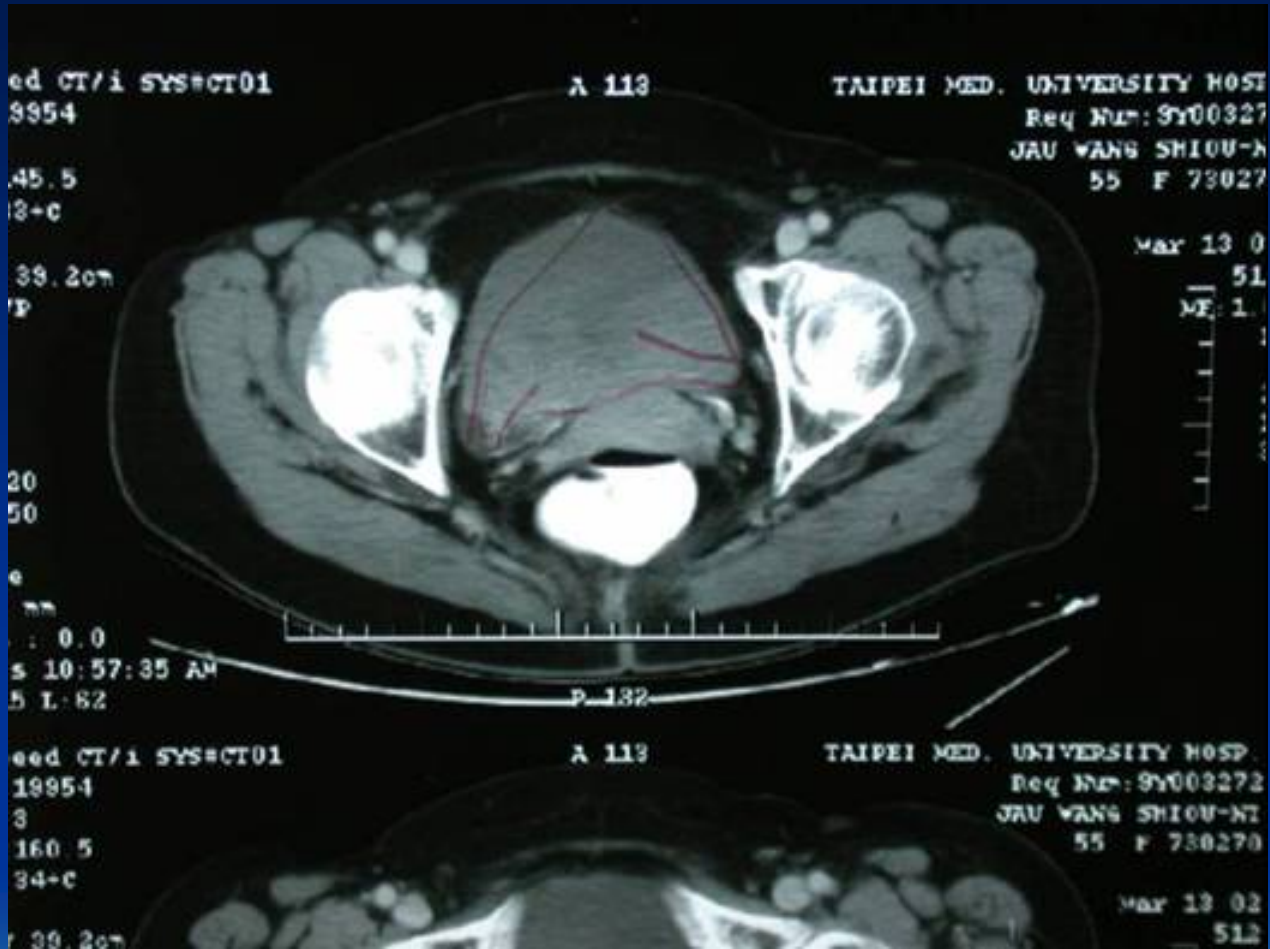
19954

3

160.5

34-c

39.2cm



CT report

- an irregular circumferential mucosal thickening from the mid gastric body to the antrum of the stomach.
- The lesion involves both anterior and posterior wall.
- Advanced gastric cancer is considered.
- The interface between the antrum and pancreatic head and body is blurring



CT report

- There are several lymph nodes at the perigastric region of the low body and antrum of the stomach.
- Several tiny liver cysts are noted.



Gastric malignant tumors

- (1) Gastric adenocarcinoma: 85%
- (2) Gastric lymphoma: 5%
- (3) Metastatic Disease:
 1. malignant melanoma
 2. breast carcinoma
 3. esophagus, pancreas, transverse colon
- (4) Leiomyosarcoma: large exophytic cavitated mass
- (5) Kaposi' sarcoma



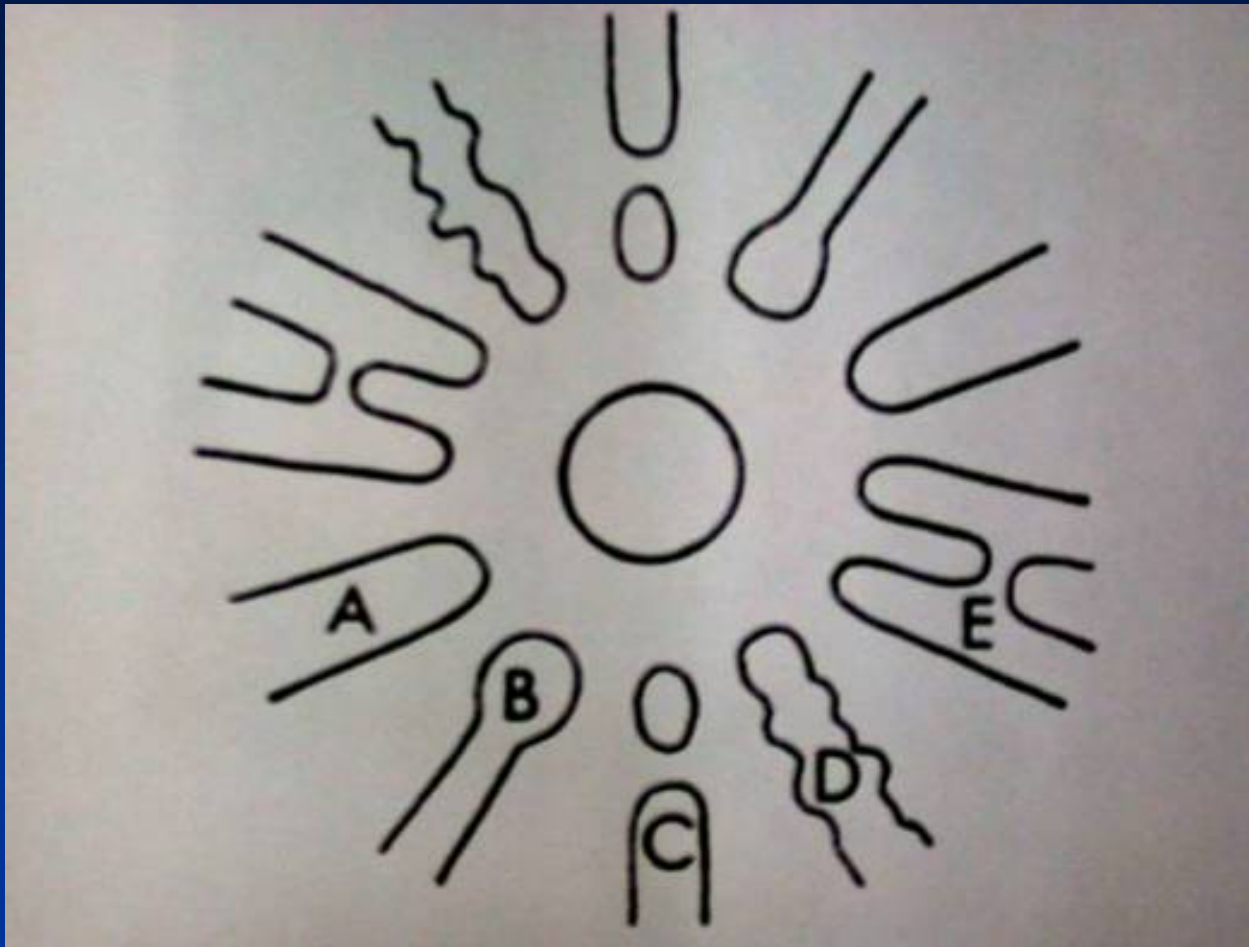


Leiomyosarcoma

Gastric carcinoma

- Nitrate
- Atrophic gastritis → adenomatous polyp → CA
- H.pylori?
- Billroth 2 (bile reflex → gastrojejunal anastomosis) > Billroth 1
- #Symptoms do not develop until gastric carcinoma are advanced#





A:thickened.B:clubbed.C:interrupted.D:nodular.E:fused

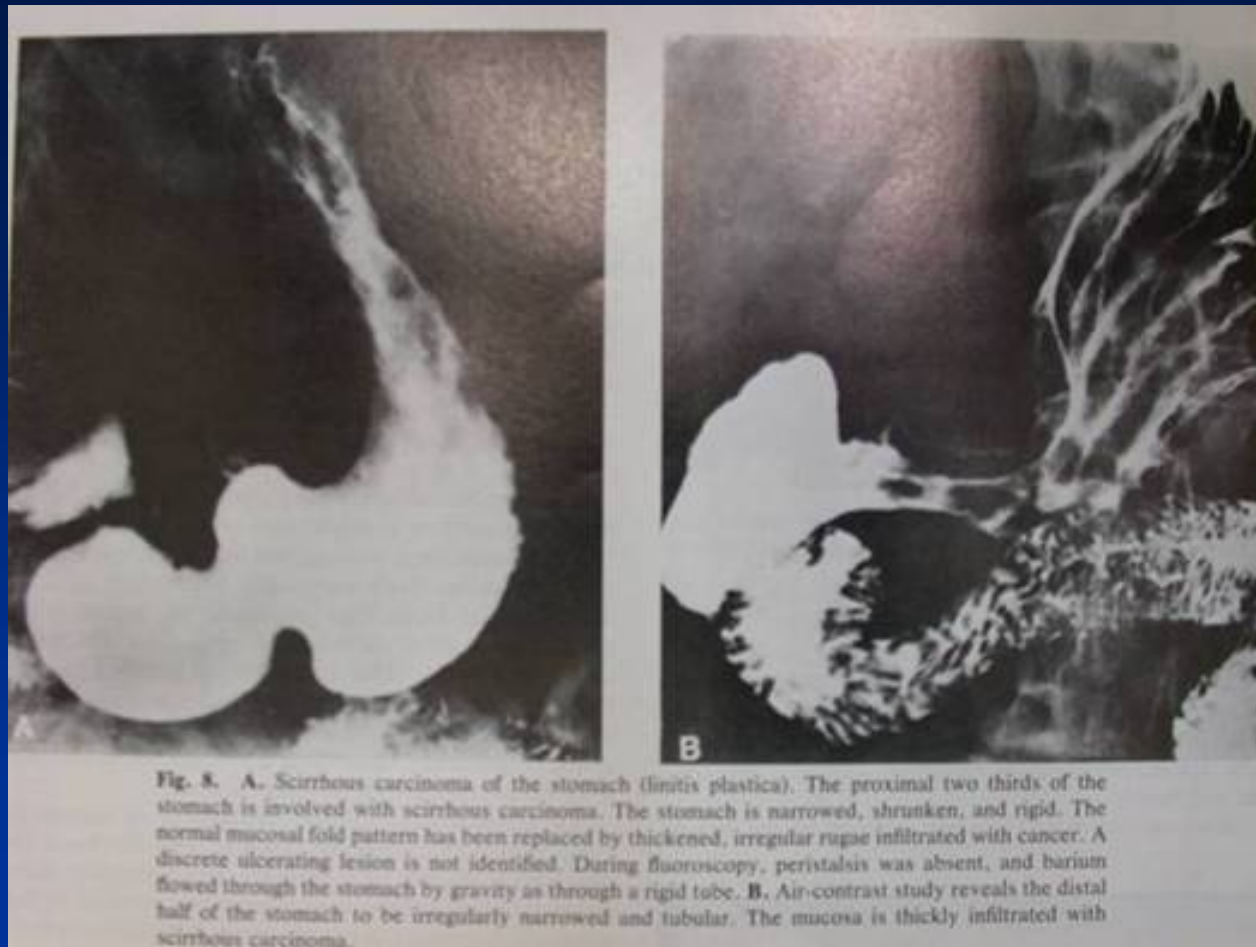
(Fold around the ulcer)



A. benign, projecting, lesser curvature ulcer with collar. B. malignant, intraluminal ulcer with irregular nodular tumor rim. C. nonprojecting benign great curvature ulcer



Fungating cancer arising from the great curve



Scirrhus carcinoma of the stomach(linitis plastica)



Calcification in thickened wall of antrum and distal body

(mucus producing gastric adenocarcinoma)



Metastatic breast CA:the fundus is infiltrated,narrowed,rigidity.



Submucosal leiomyoma: a sharply demarcated, smooth, 3-cm submucosal mass, no ulceration.



Leiomyosarcoma: a lobulated ulcerating mass .The large irregular ulceration indicate malignancy.

Lymphoma

- Stomach:most common site for GI lymphoma
- Celiac disease
- H.pylori→MALT lymphoma (low grade B-cell lymphoma)
- >90 %:non-Hodgkin's lymphoma
- Polypoid,ulcerating,infiltrative types like gastric carcinoma



More specific types of Lymphoma

- Polypoid tumors: multiple, central ulceration (Bull's eye)
- Giant cavitating lesions
- Extensive infiltration: pronounced thickening of the gastric fold
- Submucosal infiltration: distensibility of stomach is preserved.





Gastric lymphoma: a bulky ulcerating tumor which perforate posteriorly to form a lesser sac abscess

CT features suggest lymphoma

- Bulky tumor producing pronounced thickening of the gastric wall.($>4\text{cm}$)
- Preservation of perigastric fat
- Significant growth outside the stomach
- Transpyloric spread
- Multicentricity
- Widespread nodal disease
- Splenic enlargement



Pathology report

- fungating ulcerative tumor measuring 15 x 11 x 1.5 cm. in size with asymmetric shoulder occupied the entire antrum with extension to the lower body along the lesser curvature side.
- The mucosa around the ulcerative lesion shows fold convergence and thicken and firm.
- The serosa corresponding to the tumor region is irregular and rough

Microscope

- diffuse large B cell lymphoma. (most common type of Non-Hodgkin's lymphoma)
- The tumor mainly located in the submucosal and muscular area with serosal exposure and mucosal involvement with superficial ulceration.
- The stomach elsewhere and omentum are unremarkable.
- Totally 61 lymph nodes are dissected out and four of them show lymphoma involvement (Group 1: No. 3,4S,4D,5,6, 4/42, group 2: 0/19).



CT staging of lymphoma

- Stage1:Tumor confined to bowel wall
- Stage2:limited to local nodes
- Stage3:widespread nodal disease
- Stage4:disseminated to bone marrow,liver and other organs



Diffuse large cell lymphoma

- Intermediate-grade lymphoma
- GI tract, head and neck
- Chemotherapy: CHOP (cyclophosphamide, doxorubicin, vincristine, predisone)

