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CASE 1

A 63 years old male presented with weight loss and melena for 6 months.
Esophagogastroduodenoscopy was done and showed as Figure 1-2.

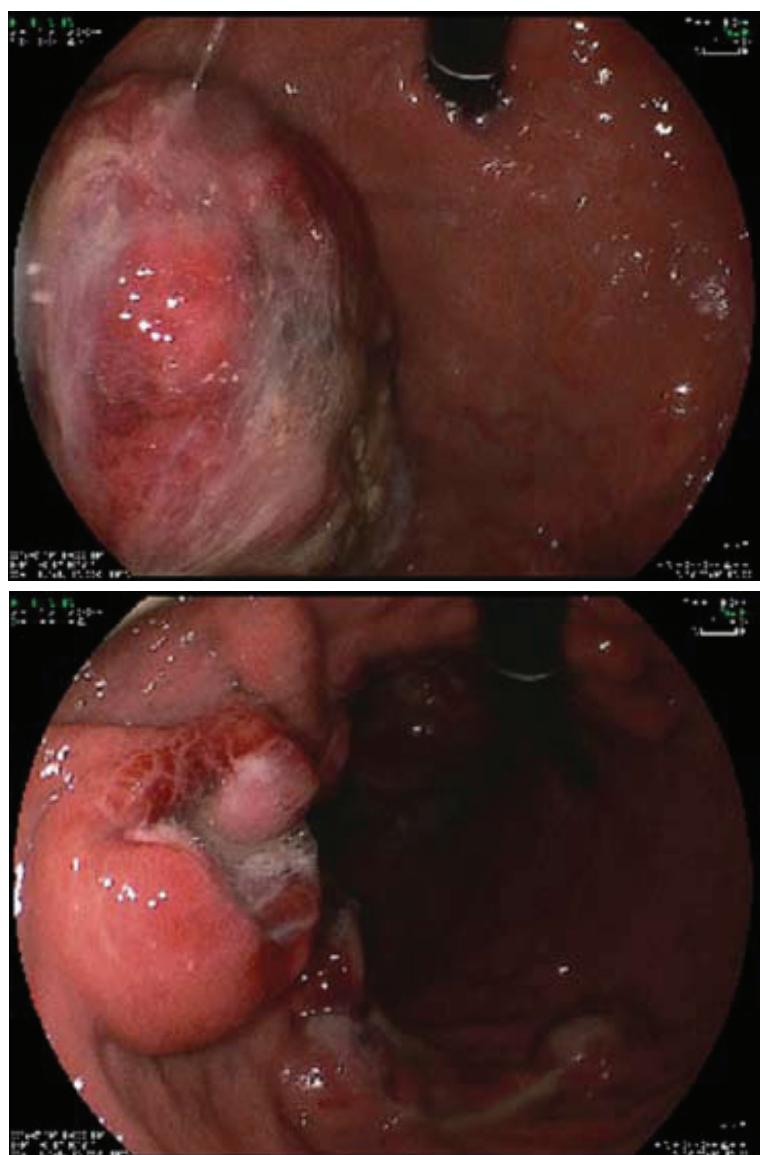


Figure 1-2.

Esophagogastroduodenoscopy showed multiple round masses vary in size 1-4 cm in diameter with necrotic ulcers on top at fundus and body of stomach.

The differential diagnosis were adenocarcinoma and hematologic malignancy.

Biopsy was done and pathological finding revealed plasmacytoid appearance tumor cells with large pleomorphic nuclei. The diagnosis is gastric plasma-
cytoma.

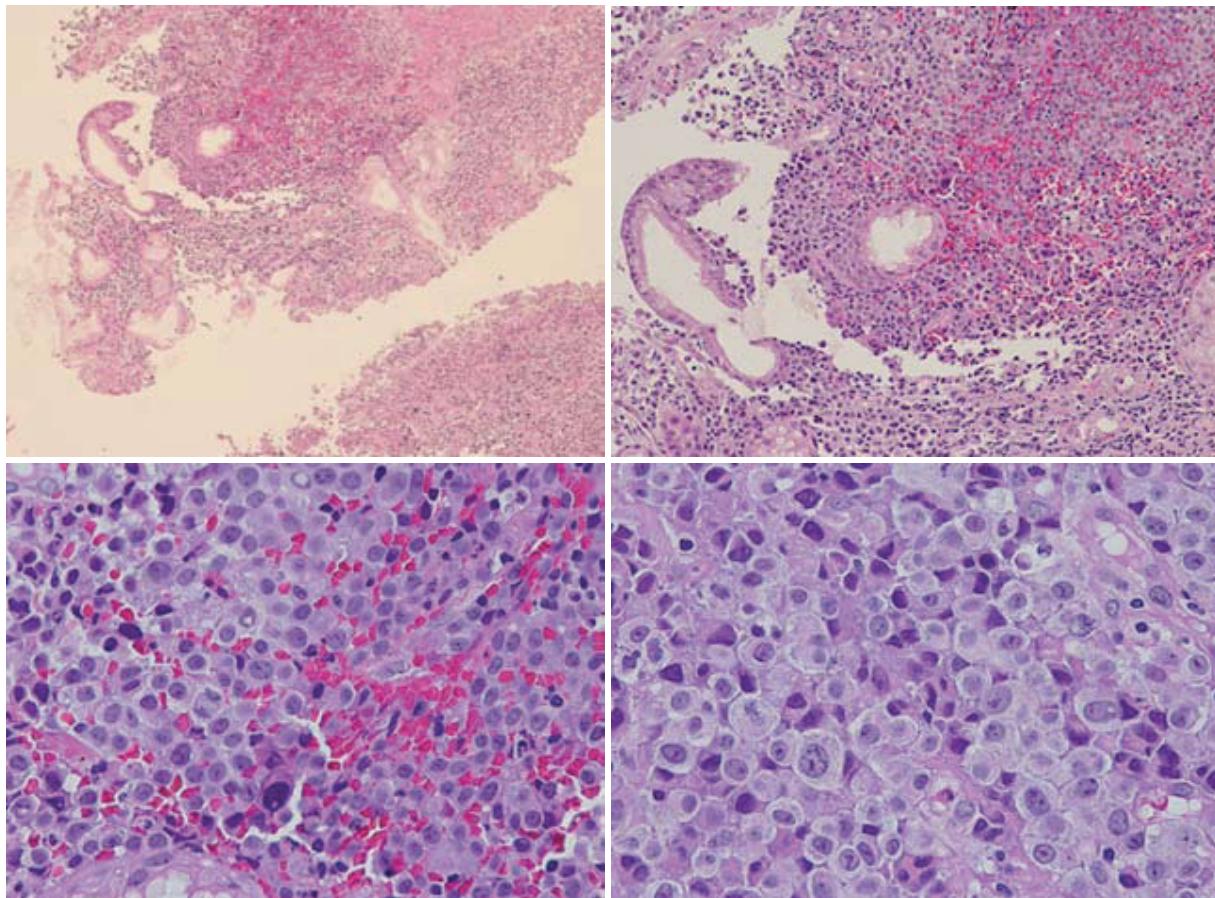


Figure 3-6.

Immunohistochemical study was confirmed as figure; CD138 and Kappa were positive.

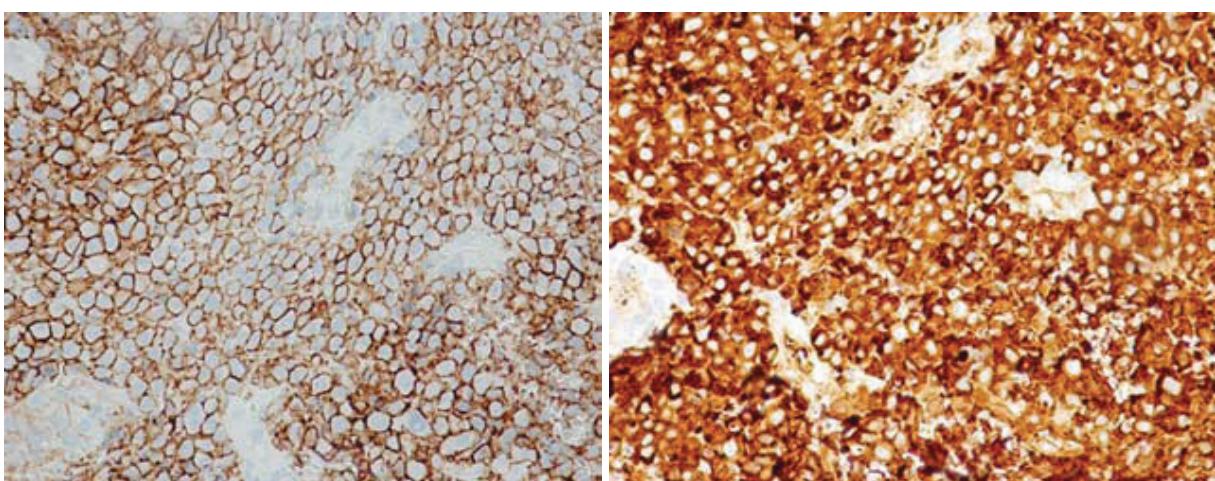


Figure 7-8.

Discussion

Gastrointestinal plasmacytomas are a relatively rare entity comprising less than 5% of all extramedullary disease⁽¹⁾. It usually present with non-specific symptoms of anorexia, weight loss and abdominal discomfort rather than frank bleeding. The small bowel is the most common site of GI involvement by plasmacytoma (multiple myeloma), reportedly followed by the stomach, colon, and esophagus^(2,3).

REFERENCES

1. Robinson H, Damasiewiczi M, Nemann DH, *et al.* Gastric involvement of plasmacytoma associated with 4(4:14) and chromosome 13 deletion. *Leukemia & Lymphoma* 2006;47:1973-5.
2. Ghim CS, Wong WM, Nicholls J, *et al.* Extramedullary sites of involvement in hematologic malignancies-Case 3. Hemorrhagic gastric plasmacytoma as the primary presentation in multiple myeloma. *J Clin Oncol* 2002;20:344-7.
3. Spedini P, Marchetti G, Morandi S. Gastric localisation of multiple myeloma. *Haematologica* 2001;86:223.

CASE 2

A 60 years old male, developed upper GI bleeding with coffee ground contents. He has no abdominal pain. His underlying disease was squamous cell lung cancer with brain metastasis.

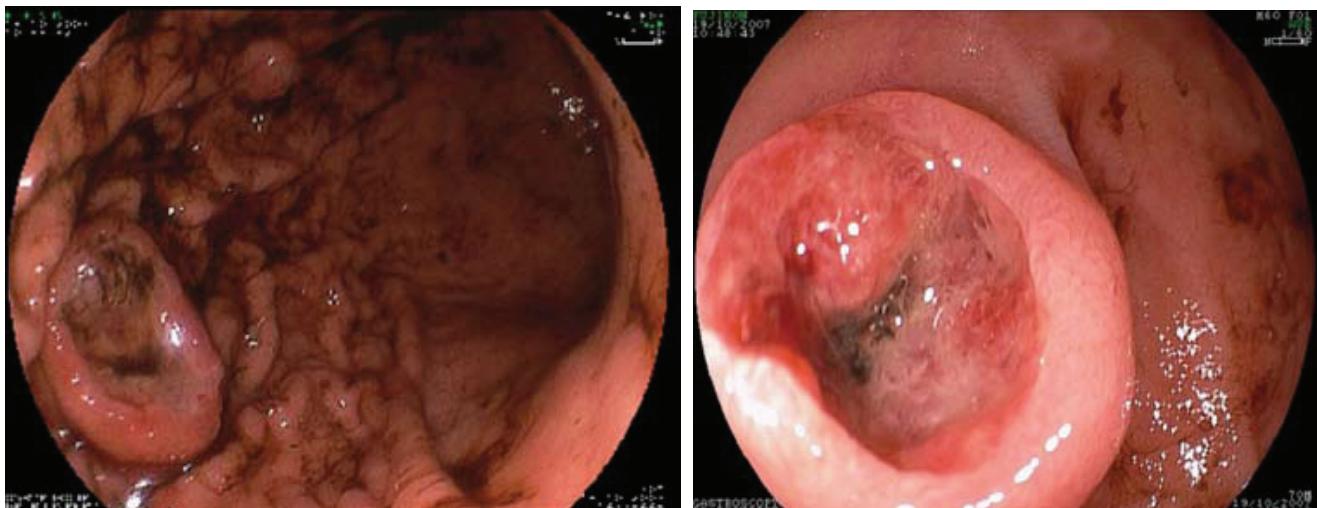


Figure 9-10.

In this case, pathology revealed metastatic squamous cell cancer. He was treated with palliative chemotherapy. No recurrent bleeding occurred.

Discussion

Hematogenous metastases to the stomach are a rare event. The most frequent tumors involved in secondary gastric sites are melanoma, breast, and lung cancer. Most patients with gastrointestinal metastases are asymptomatic⁽¹⁾. Abdominal pain is the most frequent (80% of the cases) symptom in the symptomatic patient. Differential diagnosis are lymphoma, ectopic pancreas and carcinoid tumor. These lesions may

present with three different appearances: (1) multiple nodules of variable size with a central ulcer; (2) submucosal, raised, and ulcerated at the tip and defined as "volcano-like", and (3) raised areas without a central ulcer. In these patients, the prognosis is very poor.

REFERENCES

1. Kadakia SC, Parker A, Canales L. Metastatic tumors to the upper gastrointestinal tract: endoscopic experience. Am J Gastroenterol 1992;87:1418-23.
2. Green LK. Hematogenous metastases to the stomach. A review of 67 cases. Cancer 1990;65:1596-600.

CASE 3

A 40 years old male, developed upper GI bleeding with coffee ground contents. His underlying disease was symptomatic HIV infection with CD₄ count = 170 cells/mL.

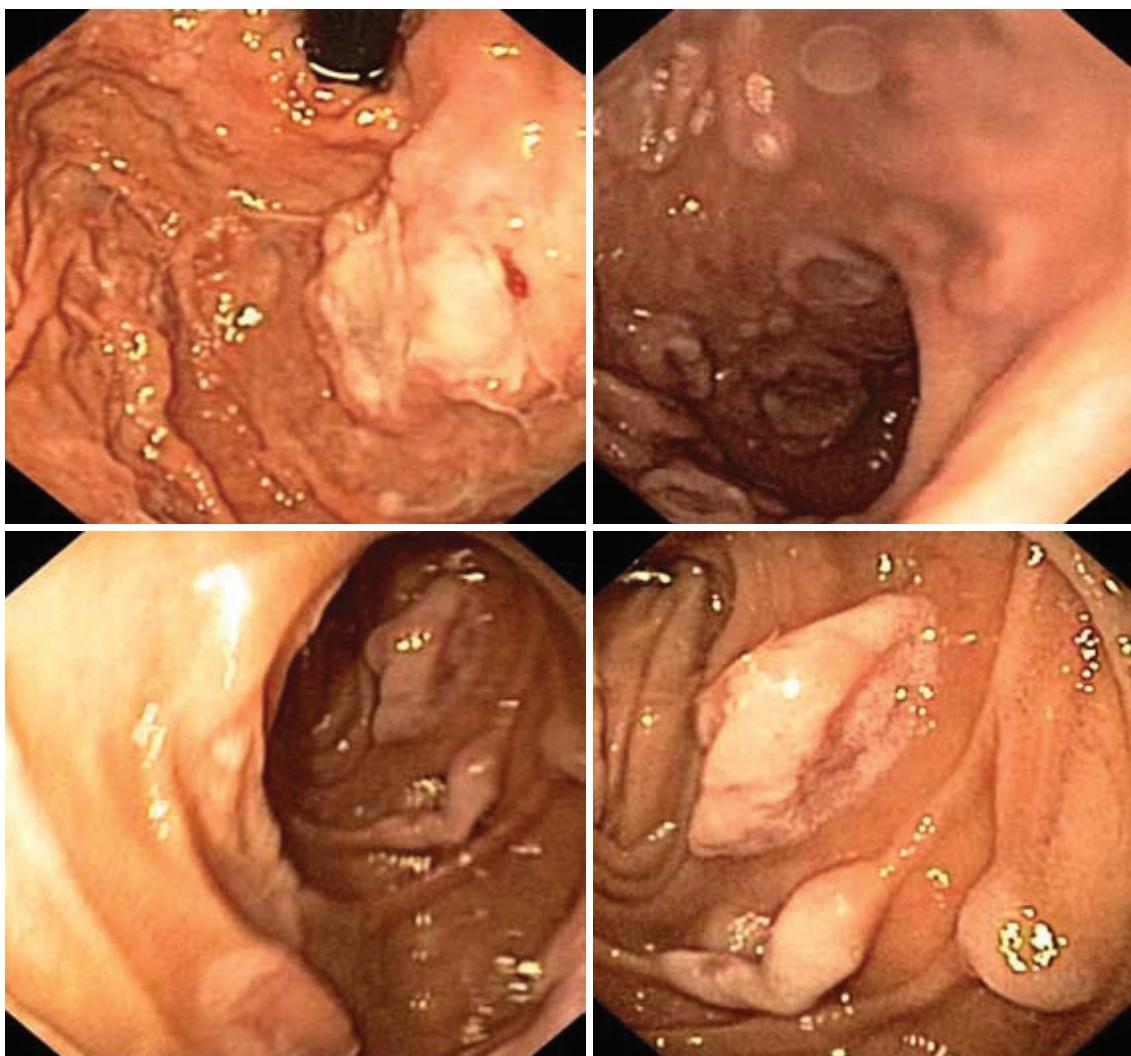


Figure 11-14.

In this case, pathology showed non Hodgkin lymphoma (NHL). He was referred to hematologist for chemotherapy.

Discussion

Development of lymphoma is considered an AIDS-defining condition⁽¹⁾. HIV associated NHL typically has an aggressive presentation with rapidly growing disease and prominent B symptoms⁽²⁾. The gastrointestinal tract is a common site including un-

usual sites such as anus and rectum. Prognosis is generally poor, with 2-year survival rates of 10-20%. However survival is improved with HAART regimen.

REFERENCES

1. 1993 revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. MMWR Morb Mortal Wkly Rep 1992;41:1.
2. Kaplan LD. Clinical management of human immunodeficiency virus-associated non-Hodgkin's lymphoma. J Natl Cancer Inst Monogr 1998;23:101.