

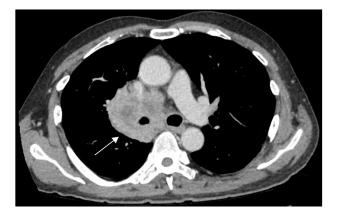
Gastric Metastasis from Primary Lung Squamous Cell Carcinoma Presenting a "Bull's-Eye" Appearance

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A 57-year-old man presented with abdominal discomfort. He was diagnosed as having lung squamous cell carcinoma (Fig. 1). On examination, the abdomen was nontender. Esophagogastroduodenoscopy revealed a submucosal tumor with central ulceration in the gastric body, presenting a "bull's-eye" appearance (Fig. 2). Biopsies showed squamous cell carcinoma, consistent with gastric metastasis from primary lung carcinoma. Systemic evaluation showed brain and renal metastasis. The patient received chemotherapy followed by palliative and supportive care and died a year later.

The "bull's-eye" appearance was so named originally because it appears as large, centrally located collection of barium within an ulceration on the submucosal mass by radiologic studies.¹ Tumors with this feature are regarded as hematogenous or lymphatic metastatic lesions,² and differential diagnosis includes metastatic tumors, lymphomas, gastrointestinal stromal tumors, and carcinomas. A recent review on gastric metastasis from primary lung squ-



 $\ensuremath{\textbf{FIG. 1.}}\xspace$ A computed tomography scan showed a lung squamous cell carcinoma (arrow).

amous cell carcinoma reported that eight out of sixteen cases showed endoscopic findings of submucosal tumor with ulcer.² A rare presentation of the surgical specimen of the gastric metastasis showed clear boundaries between the metastatic tissue and the normal gastric gland and infiltration of metastatic carcinoma into the blood vessels, suggesting pathophysiology of the forming submucosal tumor appearance.² In conclusion, a "bull's-eye" appearance can raise suspicion of the presence of advanced metastatic tumors in the gastrointestinal tract.

CONFLICT OF INTEREST STATEMENT

None declared.

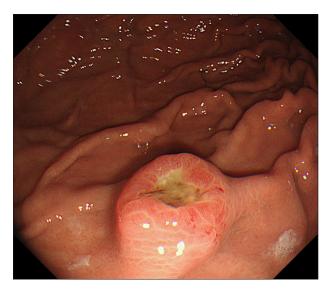


FIG. 2. Esophagogastroduodenoscopy revealed a submucosal tumor with central ulceration in the gastric body, presenting a "bull's-eye" appearance.

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