

Acute Upper Gastrointestinal Bleeding Due to Metastatic Lung Cancer: An Unusual Case

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There have been several published reports on metastatic lesions in the stomach, but the number of cases have been limited due to the low frequency of the condition. Metastatic lesions in the stomach are usually asymptomatic. A 55-year-old man with known metastatic lung adenocarcinoma exhibited epigastric pain, hematemesis, and melena. A bleeding, ulcerated gastric metastasis was found and treated with endoscopic therapy and omeprazole.

Key Words: Lung cancer, gastric metastases, gastrointestinal bleeding

INTRODUCTION

Blood-borne metastatic involvement of the stomach in cancer is rare. According to the number of reports in the literature, the most common tumors that spread to the stomach through the blood stream are malignant melanoma, breast carcinoma, and lung carcinoma.¹ Bleeding from lung carcinoma metastasis to the gastrointestinal tract is clinically rare, and there have been few reports in the English literature.^{2,3} We present a patient who developed gastrointestinal bleeding due to lung cancer secondary to gastric metastasis.

CASE REPORT

A 55 year old male patient applied to our clinic

with complaints of "melena and hematemesis" in July 2002. A biopsy had been performed in August 2001, and an adenocarcinoma was diagnosed from a skin lesion behind his right ear. The primary source for this adenocarcinoma had been found in the lungs. While undergoing a chemotherapy protocol consisting of gemcitabine and cisplatin, brain and bone metastasis had also been found, and due to this metastasis, cranial radiotherapy and paclitaxel had been added to the therapy regimen. The patient applied to our hospital with upper gastrointestinal bleeding. Using esophagogastroduodenoscopy, two volcano-like lesions with radiuses of 20 and 10 mm were found on the greater curvature of the stomach (Fig. 1). The larger one was ulcerated and crater shaped; while the other one was depressed in the middle. There was an adhesive clot on the ulcer, in the middle of the bigger one. 15 cc 1:10000 diluted adrenalin was injected into the base and periphery of the ulcer. Biopsies were performed on each of the lesions. After 80 mg intravenous injection, 8 mg/h omeprazole was continuously infused, after which the bleeding ceased. Result of biopsy diagnosis was established as poorly differentiated adenocarcinoma (Fig. 2). The case was accepted as a metastasis of lung adenocarcinoma to the stomach. Subsequently, the patient died after three weeks.

DISCUSSION

Metastasis to the gastrointestinal tract is rare.¹⁻³ Lung cancer builds the major part of such metastasis. Also, these cases usually remain asympto-

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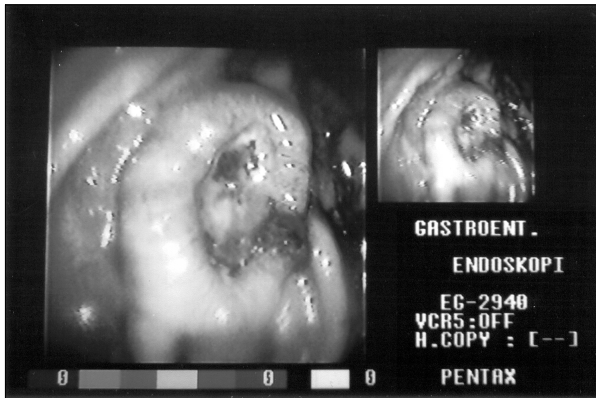


Fig. 1. On endoscopic examination, a volcano like ulcer was seen in the gastric corpus.

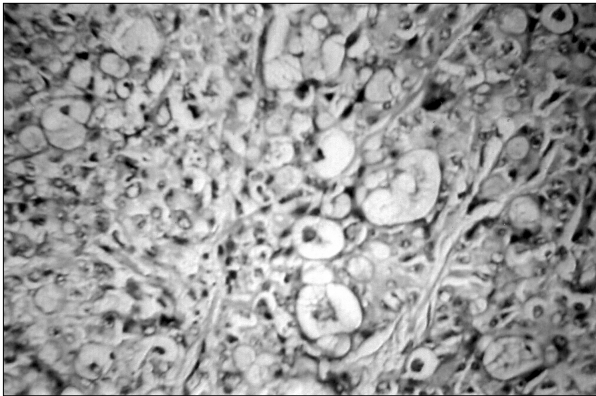


Fig. 2. Adenocarcinoma mostly consists of irregular nests of tumor cells with hyperchromatic irregular nuclei. Some cribriform areas producing intraluminal mucin are seen. (Original magnification $\times 400$).

matic or present gastrointestinal obstruction symptoms.^{4,6} Green⁷ reported 67 cases in which each patient endoscopically evaluated and presented with upper gastrointestinal tract symptoms, such as bleeding, abdominal pain, anorexia, and vomiting.⁷ On endoscopic examination, characteristic "volcano-like" ulcers were noted.⁷

These lesions are usually located on the fundus and on the upper part of the gastric body.⁸ Since metastatic lesions to the stomach are rare, the above characteristics of the lesions should be kept in mind, and biopsies should be given precise diagnosis during endoscopic examinations.⁸ Gastrointestinal bleeding from metastatic lung cancer is an uncommon presentation that is readily diagnosed and that can be treated successfully by endoscopic hemostatic therapy.

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