Case Report

GASTRIC CARCINOMA DURING FIRST TRIMESTER OF PREGNANCY

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SUMMARY: Gastric carcinoma is unusual during pregnancy. Aggressive nature of the disease and its unexpected presence lead to worse prognosis. We report a case of gastric carcinoma in a 27-year-old women at 6 weeks gestation. Diagnosis was correctly made by means of gastroscopy and biopsy taken this procedure. Radical treatment was refused and the patients died 3 months after the birth of a healthy baby.

Key Words: Gastric carcinoma, pregnancy.

INTRODUCTION

Gastric carcinoma during pregnancy is an uncommon condition. Only 60 cases were reported from Japan during 1916-1985. In addition a few individual cases were observed in the other countries. Prognosis in gastric carcinoma during pregnancy is very poor as a result of advanced clinical stage of the disease at the time of diagnosis (1-4).

In this communication a case of gastric carcinoma detected in the first trimester of pregnancy is presented.

Case Report:

A 27-year-old, gravida 2, para 2 women weighing 48 kg and 158 cm tall sought medical attention for epigastric pain present since about 5-months. Epigastric pain was constant, associated with dyspepsia and was no longer relieved by antacids. She denied weight loss. Her last menstruation occurred 2 moths ago. There was no antacedent history of abdominal pain, or complaints suggesting gastric or hepatic disease. Family history was also non contributory.

On physical examination she was thin and there was an epigastric tenderness. Blood pressure was 100/60, pulse 90 and the temperature was normal. Epigastric mass, hepatosplenomegaly or ascites were not present. There was no lymphadenopathy.

Laboratory examination revealed; hemoglobin 10.5 g/dl, white blood cells 7800mm^3 and erythrocyte sedimentation rate 27 mm/h. Pregnesticon test was positive. Gynecologic examination revealed approximately a 6 week of gestation. Upper gastrointestinal endoscopy demonstrated an infiltrative carcinoma with central ulceration (Mormann type 3) in the body of the stomach. Biopsies were taken from both the ulcerated area and the margin of the tumor. The histologic diagnosis was diffuse type carcinoma of the stomach (Figure 1).

Termination of the pregnancy and radical gastric surgery were advised. These measures were refused and the appointments for follow up were not attended.

One year after the first admittance, and 3 months after normal vaginal delivery of a healthy baby she was hospitalised, again. The patient had severe and diffuse abdominal pain radiating to the back, nausea and vomiting. On physical examination she appeared cachectic and dehydrated. There was a nontender epigastric mass, hepatomegaly and ascites.

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Figure 1: Morphologic characteristics of the endoscopic specimen of stomach. Diffuse carcinoma in the body (Hematoxylin and eosin).

Admission laboratory values were as follows: Hemoglobin 8.3 g/dl white blood cells 6.00mm^3; erythrocyte sedimentation rate 95 mm/h; plasma glucose 90 mg/dl. Ultrasound examination of the abdomen revealed an epigastric mass, hepatomegaly and ascites. Endoscopic examination showed ulcerated, infiltrative carcinoma spread out of the stomach body. The histologic characteristics of the tumor were similar to the first microscopic examination (Figure 1). She died 4 days later after the second admission. Permission for postmortem examination was denied.

DISCUSSION

Carcinoma of the gastrointestinal tract during pregnancy is rare. The reported incidence being one is 100.000 pregnancies (1,2). Presenting symptoms in the patients are epigastric pain, nausea and vomiting. Hematemesis occurs in some cases (1-4). The symptoms are usually interpretated as events related to pregnancy or preexisting ulcer disease. Therefore, the symptoms tend to be ignored by both patient and physician and definitive diagnosis is too often made late in the cource of the disease (1,2). Survival is short death occurs usually within one year of the onset of the symptoms. This is a result of the aggressive characteristic of the disease as well as delayed diagnosis because of the gastrointestinal symptoms are attributed to pregnancy by the patient and the physican alike. Deliberations to save the mother and the because of early pregnancy fetus and evading X ray treatment also tend to delay diagnosis and definitive therapy (4-8).

Endoscopic examination for the evaluation of pregnant women with gastric symptoms leads to early detection of gastric carcinoma, prompt surgical intervention may increase the survival of the patient (1-4).

REFERENCES

1. *Hirabayashi M, Ueo H, Okudaira Y, Matsumata T, Hanawa S, Sucimachi K : Early gastric cancer and a concomitant pregnancy. Case Report Am Surgeon, 53:730-732, 1987.*

2. *Muller LMM : Adenocarcinoma of the stomach in pregnancy. Ultrasonographic diagnosis. A ca report. S Afr Med J, 71:530-531, 1987.*

3. *Duckler L, Cohen HR : Hyperemesis gravidarum with gastric carcinoma. Obstet Gynecol, 45:348-349, 1975.*

4. *Skokos CK, Lipshitz J : Adenocarcinoma of the stomach associated with pregnancy J Tenn Med Assoc, 75:103-104, 1982.*

5. *Grabiec J, Owen DA : Carcinoma of the stomach in young persons. Cancer, 56:388-396, 1985.*

6. *Radi MJ, Fenoglio-Preiser CM, Barthow SA, Key CR, Pathak DR : Gastric carcinoma in the young: A clinocopathological and immunohistochemical study. Am J Gastroenterol, 81:747-756, 1986.*

7. *Dobkin JA, Schubert TT : Gastric cancer in a young adult. Am J Gastroenterol, 81:607-610, 1986.*

8. *Hansen RM, Hanson GA : Gastric carcinoma in young people. Am J Gastroenterol, 74:497-503, 1980.*

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