Synchronous Gastric and Colon Carcinomas: A Case Report and Review of Literature

Ayın Vakada Eş zamani Görülen Mide ve Kolon Kanseri: Olgu Sunumu ve Literatür Derlemesi

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As is known synchronous gastric and colon cancer is rare. Here we report the synchronous two malignancies in form of gastric adenocarcinoma and colon adenocarcinomas. A 74 year old female patient was admitted to our department with epigastric pain and heartburn. We performed gastroscopy and saw gastric malignant mass. Despite the lack of patient complaints we did colonoscopy and detected malignant synchronous mass and colonic polip in right colon. We suggest, not to forget in older patient there will be another synchronous malignancies at other gastrointestinal tractus.

Key Words: Synchronous Tumor, Gastric Carcinoma, Colon Carcinoma

Worldwide, gastric cancer is the fourth most common cancer in population(3,4). In Turkey, gastric cancer is the fifth most common cancer with an incidence of 10 per 100 000 (5). There are two kinds of second primary malignancies; synchronous and metachronous. Synchronous tumors mean that which occurs at the same time or in first six months, when diagnosis first malignancies, while metachronous cancers were defined as those occurring more than 6 months later (6). The simultaneous occurrence of malignancies in two or more digestive organs, on the contrary, is very unusual. The combination of organs reported to be synchronously involved are the esophagus and stomach, the stomach and duodenum, the stomach and colon, the stomach, colon and gallblader, the gallblader, common bile duct and pancreas (7-11). However, both gastric and colon malignancies, together or associated with other digestive tract tumors, are frequently at an early stage (7-10).

The case reported here synchronous gastric and colon cancers.

Case Report


Abdominal CT scan revealed extending wall thickening in the greater curvature of the gastric antrum (Figure 1A,1B). The patient underwent an upper gastrointestinal endoscopy and detected gastric malignance (Figure 2). Then our gastro-...
enterology clinic performed lower gastrointestinal endoscopy before forwarding the patient surgery clinic and detected synchronous right colon carcinoma (Figure 3).

Discussion

The incidence of gastric cancer with a synchronous second primary cancer varies from 2.0% to 10.9% (12-15). Ha et al (6) found this rate as %1 Lawniczak et al (13) find as %6,7. Especially of late years there has been an increase in the rate of detection of synchronous second primary cancers because of improvement on screening techniques. Colorectal cancer is the most frequent seen cancer synchronously in patients with gastric cancer (12-19). Smilarly the most frequently cancer is gastric cancer in with kolorectal cancer patients too. Also, gastric cancer is the most common extracolonic cancer associated with hereditary nonpoliposis colorectal cancer syndrome (HNPCC) (20). Familial gastric cancer is associated with the presence of a synchronous colorectal cancer. It is difficult to explain which mechanism is responsible. But there are suspicious that can be cause of mismatch repair gene defect (21-22). Although, Molinero et al (23) observed a family history as %56 in gastric cancer patients.

As is known age is a predominant risk factor for malignancies. Common point of researchs is patients who have secondary malignancy synchronously or metacrohnously are older. Especially older than 57 years. Like wise, males have higher risk from females for secondary malignancies. Lee et al’s (12) investigation; they have found a rate of synchronous tumors as %3.4 and pointed out that older patient had risk especially. Ikeda et al (14) found that patients with a second tumor tended more frequently to be males and elderly than those without a second tumor. Eom et al (24) indicated that the mean age of patients and the proportion who had early gastric carcinoma were both higher in patients with a second cancer than in those without. Both stu-

Figure 1: Photograph of abdominal computer tomography, shows the gastric Wall thickness.(A,B)

Figure 2: Photograph of endoscopy, shows 8x7cm ulcerovegetan mass in antrum.

Figure 3: Photograph of endoscopy, show the 5x6cm mass, orginating ileocecal valve and clogging %75 to calcum lumen.

dies were conducted in Asia and were carried out in larger groups.

Prognosis of gastric cancer is not as good as expected. But if there is an early gastric cancer, prognosis can be well. So presence of secondary primary cancer will affect prognosis too (15,25). Skoropad Vlu et al. (26) investigated 1255 patient with gastric cancer. They found second tumors in only 99 patient. They underlied that treatments weren’t contradiceted at presence of second tumors. Lots of investigaiton showed that patients who have secondy malignancies had early degree or well differanitiated tumors (26-28).

So we must think all the details about patient. If someone applies to us with gastric cancer, or we diagnose; we should bring to mind posibilities of synchronous tumors also kolorectal cancer. If there are complaients about kolorectal carsinom like bleeding, obstruction, it is easy deciding to making colonoscopy. But kolorectal complaints may not be ocur every time. So if the patient is older than 50 years, male, has family history, precense of a histroy of radioterapy/
REFERENCES


