SGIM NE 2022

View Abstract

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TITLE: Consideration of misdiagnosing gastric carcinoma with erosive gastritis

CURRENT CATEGORY: Gastroenterology and Hepatology

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ABSTRACT BODY:

Learning Objective 1: Recognize the clinical features of gastric carcinoma and erosive gastritis

Learning Objective 2: Differeniate erosive gastritis with gastric carcinoma

Case: A 33-year-old male with a history of 3-day epigastric pain after drinking and 1-day vomiting coffee brown gastric juice was admitted into hospital in early March 2022 for treatment. Before he was in the hospital, he had drunk heavily for 3 days. He felt uncomfortable in his epigastrium, but he did not pay much attention to that. His total intake of alcohol was about 150ml every day. He felt much more painful and vomited coffee brown gastric juice one day before admitted to hospital. The amount of brown gastric juice was 150 ml, and it contains food residue. He denied cough, palpitation, shortness of breath, diarrhea and black stool. He had been drinking for more than 10 years and a history of gastric disease for 3 years. Physical examination: P: 68 bpm, BP:100/60 mmHg, subxiphoid tenderness positive. A diagnosis of erosive gastritis is considered due to upper gastrointestinal bleeding. Treatment of antiacid and stopping bleeding started (IV esomeprazole 40 mg, 2 times a day and other symptomatic and supportive treatment). Gastroscopy examination showed that diffuse hyperemia and redness throughout the gastric cavity. Gastric antrum, gastric angle and gastric body had erosion, with multiple patchy hemorrhages, multiple patchy erosions and irregular shallow ulcer. Four biopsies were taken from each of the gastric antrum and the superficial ulcer at the corner of the stomach for routine medical examination. The endoscopy reports acute erosive gastritis, which was consistent with the previous diagnosis, and antiacid treatment was still used. Combining with supporting treatment such as protecting the gastric mucosa, the patient's condition improved significantly. And there was no abdominal pain or vomiting, black feces, good mental and physical strength, no other discomfort. On the fifth day gastroscopy biopsy report "From: (Stomach) Signet Ring Cell Carcinoma”. The patient was transferred for radical treatment of gastric cancer. Postoperative pathological examination was further confirmed as signet ring cell carcinoma.

Discussion: Gastric cancer is a malignant tumor originating from the epithelium, which can be divided into early gastric cancer and advanced gastric cancer pathologically. Gastric cancer, mostly happened in middle-aged and elderly people, relying on electronic gastroscope and biopsy histopathology to diagnose. The 36-year-old young man in this case complained of upper abdominal pain and hematemesis after drinking alcohol. Combined with the gastroscopy report, the diagnosis was acute erosive gastritis, ignoring the possibility of gastric cancer. There are many reports on the occurrence of gastric cancer at a younger age, and more attention should be paid to it.

Gastroscopy is an important mean of upper gastrointestinal examination, but not as the only reliable diagnostic basis. Some lesions require biopsy for further diagnosis. When gastric ulcer lesions are encountered during gastroscopy, routine biopsy is required.

In addition, clinical attention should be paid to the differentiation of erosive gastritis and gastric cancer. Most commonly thinking are that multiple erosions of the stomach and small ulcers are mostly benign which are with little chance to be malignant. However, when there are extensive hemorrhagic lesions or irregular shallow ulcers which are markedly edema and covered with blood clots and white exudate, erosive gastritis should be differentiated with gastric cancer. Carefully observe the lesions and accurate biopsy is particularly important at this time. Biopsy cannot be obtained for all small ulcers in the stomach. Extensive clinical experience is required to grasp the characteristics of lesions and find the right target for biopsy instead of blind search or

missing. And follow-up with regular review is a key to make a correct diagnosis and treatment.

Trainee or Faculty: Trainee/Student - $25

Accuracy: I affirm

Policy Verification: I affirm

SGIM MEMBERSHIP STATUS (VIGNETTES):

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