

Gastric carcinoma occurring synchronously with renal carcinoma-A rare case presentation

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Abstract

A synchronous presentation of primary gastric carcinoma with another, namely renal cell carcinoma is rare, except in Austria where it is reportedly extremely high. It is important to investigate, diagnose and treat both primaries simultaneously to reduce morbidity in such patients. We report such a case in a sixty year old male.

Introduction

Gastric carcinoma presents sometimes with second primary like that of colorectal, lung or liver. Renal cell carcinoma has been reported with neoplasms like neuroblastoma, malignant lymphoma, etc. But synchronous gastric carcinoma with renal carcinoma are extremely rare with incidence ranging from 0.11-0.37%. It is important to detect the second primary so that the patient can undergo simultaneous surgery for both the cancers and thus reduce the morbidity. Also, the prognosis of gastric cancer without and with a second primary is different.

Case report

A 60 year old male presented with dyspepsia, loss of appetite and weight loss. Endoscopy revealed an ulcerated mass in the body of stomach. Ultra Sonography (USG) prior to surgery revealed a mass in Rt. kidney. So a clinical diagnosis of carcinoma stomach with metastasis to Rt. kidney was made. Patient underwent laparotomy for gastrectomy and nephrectomy. Grossly the stomach had an ulceroproliferative lesion in lower body measuring 2.8x2.5cm (Figure 1). Histopathology of stomach growth showed an invasive adenocarcinoma of stomach, tubular type (Figure 2). Rt kidney measured 13x9x6cm. C/S showed yellow mass in pelvic region m.5.5 cm. type. Microscopic examination of kidney revealed renal cell carcinoma-clear cell type (Figure 3).

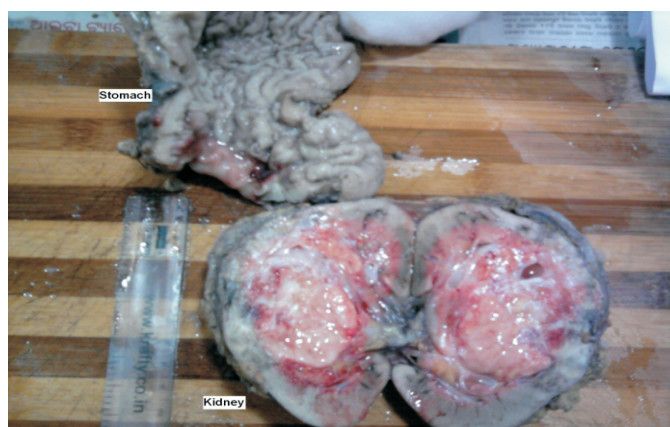


Figure 1. Ulceroproliferative lesion in body of stomach

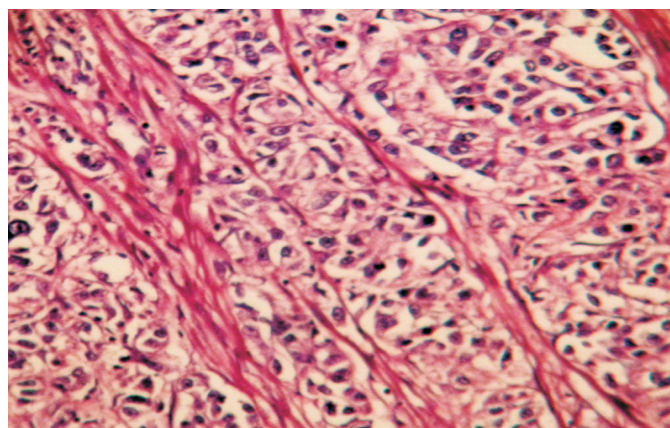


Figure 2. Invasive adenocarcinoma of stomach

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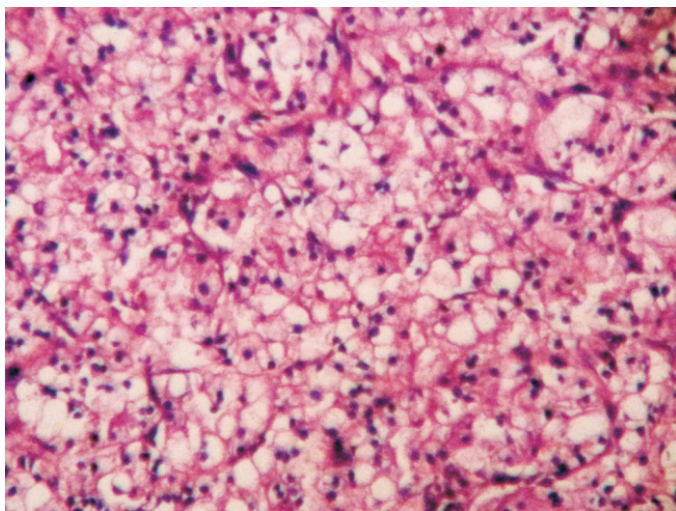


Figure 3. Renal cell carcinoma-clear cell type

Discussion

Concomitant presentation of gastric carcinomas with a second primary is known. Colorectal, lung and liver cancers are frequently reported in medical literature. [1]. Renal cell carcinomas have also been reported with many other neoplasms like neuroblastoma, malignant lymphoma, hemangioblastomas, clear cell tumors, etc [2].

Synchronous gastric carcinoma with RCC is rare, incidence ranging from 0.11-0.37% with a female to male ratio is 2:1.[3].However its incidence in Austria is extremely high, suggesting a common molecular basis[4]. It has been reported that several risk factors like unstable genetic status, microsatellite instability, family history and environment play a role [5]. But still no studies describing genetic events that lead to synchronous gastric and renal cancers have been made. Gastrointestinal symptoms were the predominating symptoms in these patients as in our case [6]. The 10 year survival rate for gastric carcinoma patients with and without a second primary carcinoma is 69.3% and 40.1% respectively. So this is statistically significant[7]. Patients can safely undergo simultaneous surgery for more than one neoplasm. So it is important to look for any other primary when a diagnosis of gastric carcinoma is made. Also a long term follow up of these patients is advised for metachronous cancers that might occur.

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