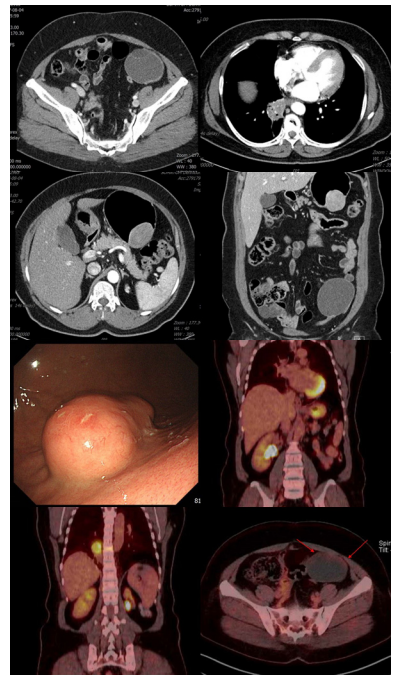
■ Sun-047 ■

A case of triple primary tumors: simultaneously occurring lung cancer and two other abdominal tumor

국제성모병원

*신운경, 백명기, 하만호, 장현

Introduction Though multiple primary tumors are uncommon, they are being more frequently reported owing to better diagnostic techniques. Here we present a case with three synchronous primary tumors, a synchronous non-small cell lung cancer, gastric schwannoma and ovarian cystadenoma. Case A 57-year-old female was referred to the gastroenterology department for an incidentally detected gastric mass (FigA). Her medical and family history were non-significant. An abdominal computed tomography revealed a 4.5 cm hypervascular mass in the gastric mid-body posterior wall suggestive of gastrointestinal stromal tumor with lymph node metastasis and an incidental 7.7 cm septated left ovarian cyst with internal high attenuated fluid and eccentric wall thickening suggesting malignant endometrioma. CT scan of the chest showed a 4.1 cm mass in the medial basal segment of the right lower lobe, suggestive of primary lung cancer (FigB). The patient underwent a positron emission tomography that revealed increased 18F-fluorodeoxyglucose uptake in the above lesions (FigC). With three potentially malignant tumors, multidisciplinary planning decided on a combined operation for complete excision of the abdominal masses and histologic confirmation of the lung mass. Video-assisted thoracoscopic right lung wedge resection, laparoscopic gastric wedge resection with lymph node biopsy and laparoscopic bilateral salpingo-oophorectomy were done. Histology confirmed a lung adenocarcinoma and completely resected gastric schwannoma and benign ovarian cystadenoma. She is currently undergoing chemoradiotherapy for treatment of the lung cancer. Discussion Primary tumors that coexist at the time of diagnosis are defined 'synchronous', and this condition is becoming more commonly encountered. Multidisciplinary approaches must be done to ensure identification of the most prognostically significant tumor and treatment strategy be made regarding systemic or local treatment. In this report, we present a very rare combination of synchronous single primary malignancy of the lung which was treated with systemic therapy and benign gastric schwannoma and ovary cystadenoma which were completely excised.



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A Case of Primary Gastric Tuberculosis

[1]동국대학교일산병원 내과, [2]동국대학교일산병원 영상의학과

*김진영[1], 이진호[1], 임윤정[1], 이용석[2]

Intestinal tuberculosis can affect any part of the gastrointestinal tract. The most commonly affected part is the ileocecal region in the right upper quadrant. Tuberculosis of stomach whether primary or secondary infection is not common. It is usually associated with pulmonary tuberculosis or with immunodeficiency state. Clinically it resembles peptic ulcer disease or malignancy. This case is a gastric tuberculosis in immunocompetent patients without evidence of pulmonary involvement. A 44 years old female presented with epigastric pain, nausea and occasional vomiting for a month. Physical examination did not reveal any abnormality. Chest X-ray, complete blood count, liver and renal function tests were normal. Upper GI endoscopy(figure1) was suggestive of ulcerated mass at the high body lesser curvature side with whitish discharge. CT scan of Stomach(figure2) suggested multiple conglomerated low density mass on the lesser curvature of the stomach, with Multiple enlarged lymph nodes with peripheral rim-enhancement in gastrohepatic, paraaortic, aortocaval, retrocaval space and ascites. Chest CT revealed presence of multiple lymph node enlargement in left supraclavicular area. Endoscopic biopsy showed Chronic active gastritis with ulcer and acid-fast bacilli on Ziehl–Neelsen stain. Patient was put on antituberculous treatment regimen consisting of that is Isoniazid 5mg/kg, Rifampicin 10mg/kg, Ethambutol 15mg/kg and Pyrazinamide 25mg/kg body weight for initial 2 months followed by Isoniazid and Rifampicin in same dose for another 4 months. While on treatment, she became symptom free of abdomen but presented left neck swelling. Neck CT revealed 4cm size, necrotic mass lesion in left neck IV level to supraclavicular area with perilesional inflammatory change. The neck mass was estimated as a reciprocal lymph-node change, but we invited the patient to a histologic examination. The patient refused the test and decided to observe it. Though gastric tuberculosis is rare, patients presenting endoscopic evidence of diffuse chronic inflammatory activity, the possibility of gastric tuberculosis should be kept in mind.

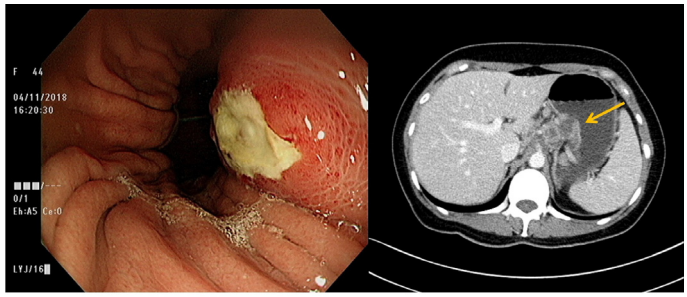

Figure1 Figure2