Indexing Title: JGGuerra's Medical Anecdotal Report (07-01)

MAR Title: A Uncommon Case of Double Malignant Primaries

Date of Observation: January, 2007

Narration:

One afternoon, while on duty, as I was happily enjoying a minute of rest at the Emergency Room (ER) pantry with my co-residents, I was called by a medical clerk to see a patient who decided to drop by at our ER after being denied consult from a nearby hospital. So when I got my way to the Emergency Room, I saw a forty-something female, looking so wasted however comfortable, complaining of persistent postprandial vomiting. As I made my way towards her, I thought this was another case of mistriage patient.

So, to immediately get rid off her, I planned to begin a quick history. The faster the better. But before I could say anything, a woman seated by her side started blurting that they are being denied medical attention a couple of ten times from a lot of hospitals. " May kanser na nga kapatid ko ayaw pa nilang tulungan!" She handed to me a CT scan plates of the abdomen revealing a markedly dilated stomach, signed out as "Gastric Mass probably malignant". I then proceeded with my history and PE and came up with an unbelievable diagnosis. This patient was not the typical run of the mill case. I was challenged.

The patient had gastric outlet obstruction probably malignant. And to top it all, she was a diagnosed case breast cancer six years ago, however, was lost to follow – up. I was taken a back. Is this a double primary or a metastatic breast cancer? Unbelievably, a very rare case. Clinical examination suggested Breast Cancer Stage IIIC. There was no evidence of metastases to the liver and lungs. The rest of the physical examinations were normal. However, a left supraclavicular lymph node can either be attributed to the breast as well as the gastric mass.

We admitted the patient for the reason of further work ups and palliation. Definitive surgical plan was still in question. The family broke down in tears when they learned the patient's condition.

As the attending physician, how are we going to address her condition?

Insights: (Discovery, Stimulus, Reinforcements / (Physical, Psychosocial, Ethical)

More often than not, we, surgeons, deal with textbook cases that only need simple operation and decision making. Seldom have we encountered cases that are so complicated that the treatment plan largely depends on our primary diagnosis.

As for the abovementioned case, how can we say if there are two different malignant primaries or say a metastatic process, a breast cancer spreading to the stomach? What if in case clinical pattern and history as well as prevalence are non contributory? We are now delving in a nil possibility of a case report, in which case literature failed to discuss.

It is only incumbent upon us to arrive at a rational decision. We have approached this particular case as follows.

1. We requested tissue biopsy of the breast and EGD with biopsy of the gastric mass. Biopsy of the gastric mass revealed gastric Cancer, Signet ring variant and biopsy of the breast was IDCa. These findings were suggestive of a different entity.
2. The probability of metastatic spread from breast is low, since by law of proximity, breast cancer metastasize first to the lungs, liver and bone. There was no literature report of breast cancer metastasis directly to the gastric. However it is still a possibility.
3. After obtaining the biopsy result, we build –up the patient and schedule for palliative gastric surgery, either subtotal gastrectomy of gastrojejnostomy. Intraoperatively we can more or less differentiate whether it is a metastatic gastric mass, if the invasion is from the mucosa to the serosa.

4. The decision of management for the Breast Cancer largely depends on the patient's preference. Neoadjuvant Chemotherapy can be offered with the possibility of addressing the breast and gastric problem. However, given a very low survival data on signet ring variant lessen our drive to treat the breast. Our main objective is to increase the patient's quality of life.

With all these steps taken, we were able to manage the patient accordingly.
As clinicians, we should always be ready to deal with such difficult case.