

## A gut feeling: Case report of gastric linitis adenocarcinoma in a 35 year old male

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### Abstract

Gastric cancer is rare before the age 40. Establishing a diagnosis in this subset of younger patients is challenging because initial symptoms are nonspecific. This case report aims to present a case of diffuse gastric adenocarcinoma in a young patient with the intent of raising awareness on its subtle presentation whose clinical diagnosis is anchored on an astute physician's high index of suspicion. We report the case of a 35 year old, Filipino male, with no known comorbidities and no family history of malignancy, who complained of early satiety and bothersome postprandial fullness 7 months in evolution. Repeated endoscopic evaluation and CT imaging revealed linitis plastica with a rigid and thickened gastric mucosa. Multiple biopsies taken only showed increased lymphoplasmacytic infiltrates with no evidence of dysplasia, metaplasia or atrophy. In this experience, subtle presentation, inconclusive results of the diagnostic investigation and the aggressive biology of the disease underscores the importance of the physician's high index of suspicion in diagnosing gastric cancer in this subset of patients. Establishing a diagnosis early is crucial so that key interventions may be offered and prolong our patient's life. In 2016, back symptoms were the sixth most common reason for emergency department (ED) visits. Patients presenting with chronic back pain are often presumed to have a musculoskeletal etiology of pain. Multiple limb- or life-threatening diagnoses must be considered in these patients. Some of those diagnoses include acute spinal cord compression, cauda equina syndrome, aortic dissection, abdominal aortic aneurysm, and spinal infections, or hematomas. Another etiology commonly seen in the ED is back pain due to pathologic fractures of the spine secondary to metastatic disease. However, to our knowledge no case reports have been noted in the literature that describe early gastric cancer presenting with a primary symptom of back pain. Gastric cancer is not a diagnosis that is typically made in the ED, but ED evaluation can lead to admission for further evaluation of a potentially malignant process. Consider admitting patients who may be presenting with a first-time cancer diagnosis especially in those who lack reliable follow-up care, as early initiation of the diagnostic process and prompt therapeutic intervention can improve patient prognosis. It is prudent to keep such a diagnosis in mind and to broaden one's differential diagnosis. While the focus of this case report was to highlight a unique presentation of early gastric cancer, we also emphasize the importance of a thorough physical examination, especially

in those patients presenting with chronic complaints. For example, if a patient presenting with chronic back pain presumed to be of musculoskeletal nature does not have abnormalities on examination such as tenderness to palpation, significant muscle spasm, or pain on movement, consider that there may be some other pathology present. A bleeding peptic ulcer with a possible microperforation was considered on ED evaluation of this patient, which prompted hospital admission. The patient did have multiple symptoms at presentation concerning for gastric cancer, many of them also consistent with a diagnosis of peptic ulcer disease. These symptoms included epigastric pain, occult gastrointestinal bleeding, unintentional weight loss, nausea, fatigue, and back pain. Fortunately, this patient was found to have early-stage gastric adenocarcinoma that was surgically resected in a timely fashion.

This work is partly presented at

14th Euro-Global Gastroenterology Conference on July 08-09, 2019, held in Zurich, Switzerland.