

Gastric Cancer with Situs Inversus

Case Report

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Case Report

A male patient, 71 years old, chronic smoker 30 pack years, has presented four months before his consultation, epigastric pain without vomiting or gastro-intestinal bleeding, evolving in a context of weakness with weight loss of 15 Kg in 4 months. Physical examination revealed an altered patient (WHO performance status 2), weighing 48 Kg, abdominal palpation found no abnormalities and examination of lymph nodes areas including supraclavicular was normal. The Esogastroduodenoscopy showed a vegetating tumor located in the gastric corpus and antrum, the biopsy concluded at a morphological and immunohistochemical aspect of gastric adenocarcinoma. The thoracic-abdominal-pel-

vic CT showed an incomplete situs inversus with a left liver, right stomach and right cecum, the inferior vena cava was located in the left side of the aorta (Figure A;B). The posterior corpus and fundus wall of the stomach showed diffuse thickening with presence of ascites and signs of peritoneal carcinomatosis without liver metastases and without deep abdominal lymphadenopathy. The chest organs were in their usual position. Ascites fluid cytology revealed neoplastic cells from glandular gastric origin. Due to the peritoneal carcinomatosis, only palliative chemotherapy was indicated.

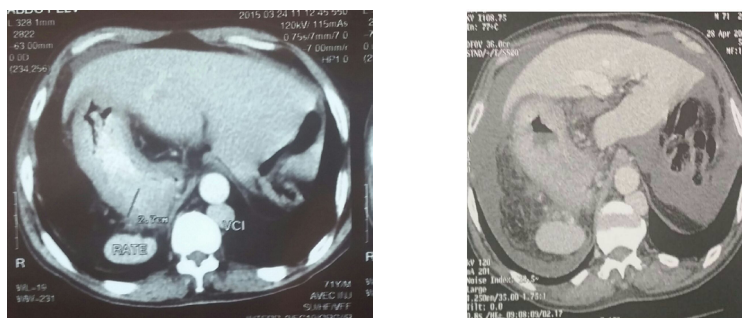
Discussion

Situs Inversus is a rare congenital condition that occurs at incidence of 1 in 4000 to 8000 people [1] in which abdominal and/or chest organs are positioned at a "Mirror image" of the normal position, in the sagittal plane. There is no evidence relationship between situs inversus and gastric cancer and there are no reports about gastric cancer incidence rates in this situation [2], however, some cases of malignant neoplasms (Especially gastric and colorectal cancers) were reported. The Japanese Gastric Cancer Treatment Guidelines recommend Gastrectomy and D1+ lymph node dissection as a standard treatment [3]. However, no surgery was performed for our patient because of the metastatic disease.

Conclusion

There is no direct relationship between the situs inversus and stomach cancer. The management of the metastatic disease does not change, however, in the localized stage, the surgical approach and the surgical technique are different compared to a normal

Figure A, B



anatomical stomach position.

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