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GASTRIC CANCER IN PREGNANCY

RAK ŽELUCA U TRUDNOĆI

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Dear editor!

Gastric cancer associated with pregnancy is most often associated with a poor prognosis since at the time of diagnosis the cancer is usually in advanced stage. The symptoms are frequently hidden by factors related to the normal pregnancy and diagnostic approaches are restricted by physical and psychological clinical events.

Case report: In 28-year-old woman the mild gastrointestinal symptoms during second and third trimester were accompanied with severe anemia and starting pruritic erythematous eruption on the arms. Patient with mild disease required only frequent application of topic corticosteroid. Sudden symptoms of premature labour started at 32-nd week of pregnancy. Infant died during the labor. Gastrofiberscopy with a biopsy confirmed a diagnosis of diffuse gastric adenocarcinoma. An explorative laparotomy revealed an unresectable gastric cancer and multiple peritoneal implants. Tumoral invasion was detected in pancreas and spleen. Curative surgery was not possible. The definitive diagnosis was gastric adenocarcinoma with multiple metastases. The patient complained of dysphagia, retrosternal pain, nausea, vomiting and abdominal pain and she died 12 weeks after a surgery due to metastases.

Discussion: Davis and Chen¹ from Cedars-Sinai Medical Center reported a case of gastric carcinoma presenting as an exacerbation of ulcers during pregnancy. They stated: »Gastric cancer is unusual during pregnancy. Also, because of the physiologic changes that occur with pregnancy, it is rare to see a worsening of peptic ulcers during pregnancy«. Bruggmann et al² reported recently a case of gastric carcinoma in pregnancy. They declare: »Fetal metastasis is a rare entity, therefore caesarean section and chemotherapy should not be performed until fetal maturity. If vomiting and nausea are prolonged after the sixteenth week of pregnancy a ma-

lignant disease of the stomach should be excluded.« Jasmi et al³ reported a 27 year old woman at 16 week's gestation who presented with a perforated malignant gastric ulcer and peritoneal carcinomatosis.

Conclusion: Early recognition and diagnosis of gastric cancer during pregnancy is the only possibility for a positive outcome. Nausea and vomiting are common sufferings of pregnant woman. No gynaecologist would consider carcinoma of the stomach as a probable cause of her symptoms because of the extremely rare probability of this disease during pregnancy. Consequently, a late diagnosis in pregnancy can result in spreading throughout the whole abdomen. In this advanced stage is only possible the palliative care followed by short survival. If vomiting and nausea are prolonged after the 16-th week of pregnancy a malignant disease of the stomach should be considered and has to be excluded. Only in case of short delay between symptoms and diagnosis, the gastric cancer may be totally resected and followed by a better overall survival. Early recognition and diagnosis of gastric cancer during pregnancy is the only possibility for a positive outcome. We suggest that gastrofiberscopy should always be considered if pregnant woman in second or third trimester has continuing gastrointestinal symptoms and unexplained anemia.

References

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