A 53-year-old female visited our hospital complaining of epigastralgia. Gastroendoscopy showed an ulcerative lesion with demarcated and raised margin in the greater curvature of upper gastric body (Fig. 1). Histological examination of biopsied specimens revealed poorly differentiated adenocarcinoma. Contrast-enhanced computed tomography showed wall thickening of upper gastric body and bulky perigastric lymph nodes extending into the spleen measuring 12 cm in diameter (Fig. 2 arrowhead). The patient received two cycles of preoperative chemotherapy with S-1 plus cisplatin. Since the size of primary tumor and bulky lymph nodes decreased remarkably, the patient underwent total gastrectomy with systematic lymph node dissection and splenectomy.

Histopathologically, the tumor was diagnosed as a gastric cancer with the depth of invasion confined to submucosa (pT1b) and three perigastric lymph node metastases were found (pN2). The cut surface of the spleen showed a well circumscribed and yellowish-white fragile necrotic tumor, which was pathologically diagnosed as direct invasion of the metastatic lymph nodes to the spleen, with small proportion of adenocarcinoma remaining after chemotherapy (Fig. 3). The patient is doing well without recurrence 6 months after the operation.

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