

A Case of Spontaneous Regression of Advanced Gastric Cancer

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1. Case presentation

A 85-year-old man visited emergency room for melena 1 day ago. He had been receiving long term treatment for cerebral infarction, hypertension and diabetes mellitus. Endoscopic gastroduodenoscopy showed mass with ulcer coated with blood clots at lesser curvature of antrum around pyloric ring, which suggested advanced gastric cancer, Borrmann type II. Pathologic finding of mass is moderately differentiated adenocarcinoma. In the abdomen computed tomography (CT) images, thickening and enhancement of antral wall with regional LN were visible, which showed high uptake of FDG in PET-CT. There was no distant metastasis.

2. Diagnosis

Advanced gastric cancer, Borrmann type II, provable stage IIIa

3. Therapy and Clinical course

His stomach cancer was operable, but the patient refused operation due to old age and underlying disease. TS-1 chemotherapy started, but stopped after 4 weeks due to side effect as dizziness, nausea. Follow up EGD showed gradually improved findings. After 2 years, EGD finding showed decreased size of mass with ulcer and improved mucosal lesion at lesser curvature of antrum. After 1 year, the gastric mucosa of the antrum looked normal without any dysplastic change. Abdominal CT and PET-CT revealed disappearance of advanced gastric cancer. The endoscopic biopsy finding showed no evidence of malignancy.

4. Conclusion

We reported spontaneous regression of advanced gastric cancer.

Key Words: Cancer regression, Advanced gastric cancer

REFERENCES

1. Ho Sang Lee, Dae Young Cheung et al. A case of spontaneous regression of advanced gastric cancer. J Korean Med Sci 2010;25:1518-1521
2. Challis GB, Stam HJ. The spontaneous regression of cancer. A review of cases from 1900 to 1987. Acta Oncol 1990;29:545-50.

문O준 (M/85) (2011년 7월 방문)

- Chief complain : melena (onset: 내원 1일 전)

- 동반증상 : 6kg Wt. loss (최근 6개월)

- Underlying disease & Past history

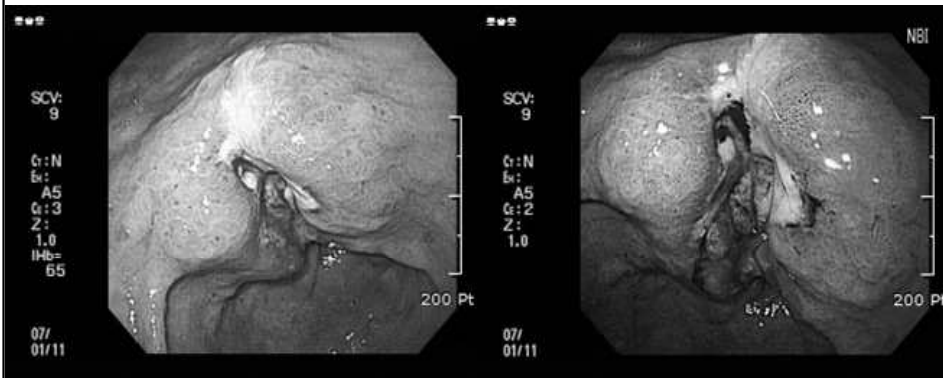
- DM, HTN (30Y)
- Left basal ganglia infarction (40YA)
- Rt. Nephrectomy d/t renal stone (30YA)
- BPH

Aspirin, Plavix
Caduet, Diazepam,
Zolpicin, Valium,
Neurontin

Harnal, Flospan, Vesicare

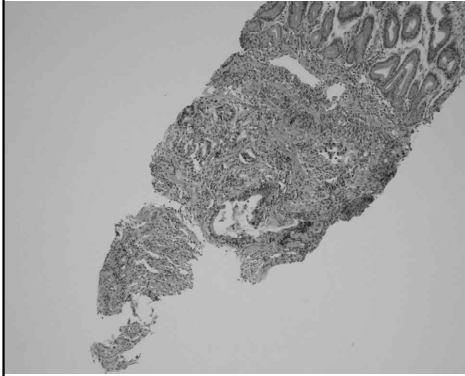
- Smoking (-), Alcohol (-)

2011-7-1

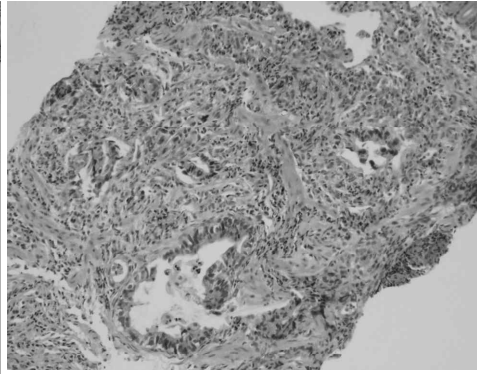


- Lansoprazole, Coating agent 처방
- 2011 7/18~8/4까지 TS-1 chemotherapy 시행함.
- 이후 Dizziness 증상으로 입원하여 Multiple cerebral infarction 진단되어 chemotherapy stop 함.

조직 소견



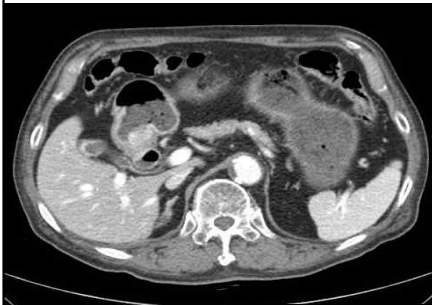
X 100



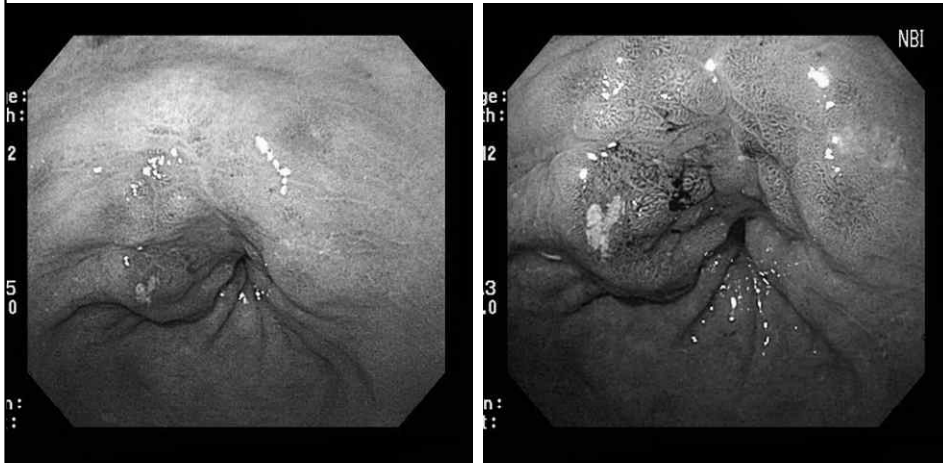
X 200

adenocarcinoma, moderately differentiated

Abdomen CT & PET CT (2011년 7월)

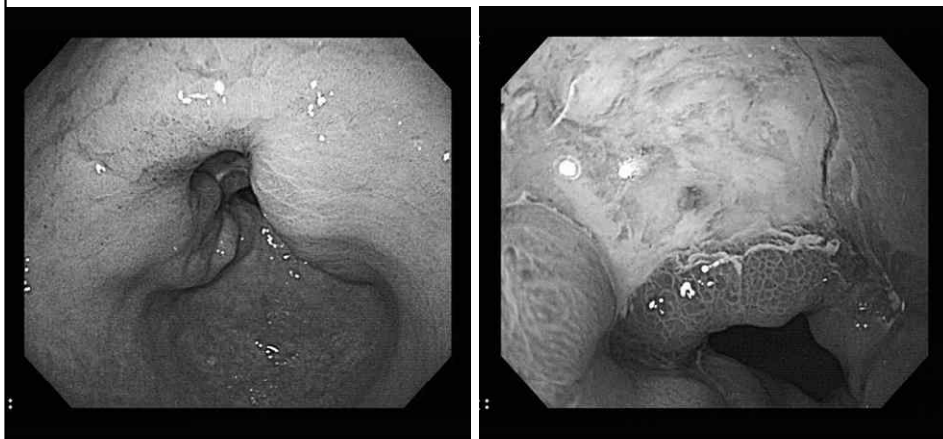


2012년 1월
(TS-1 2주간 투여 후 5개월 후)



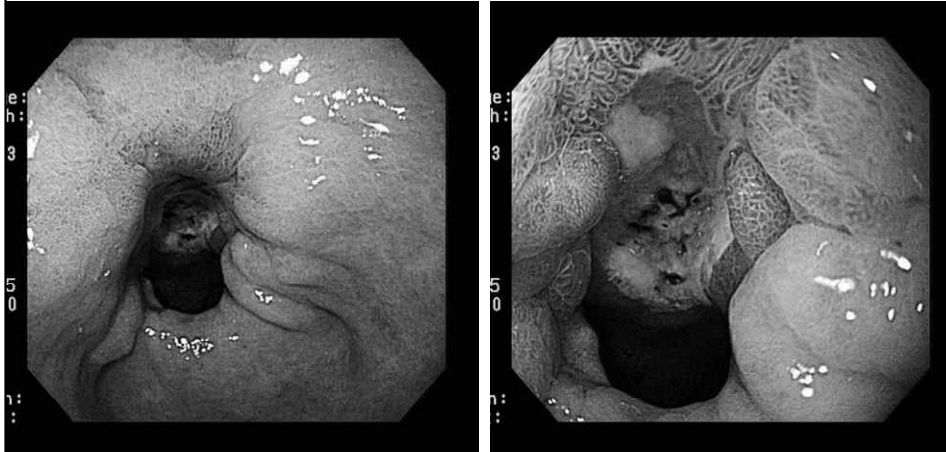
2013년 6월 (진단 후 1년 11개월 후)

C.C : melena

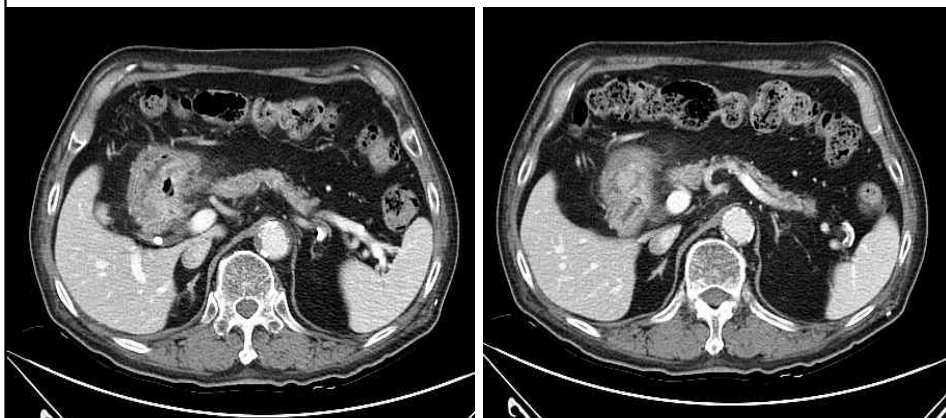


Lansoprazole, Stillen, Ganaton 처방

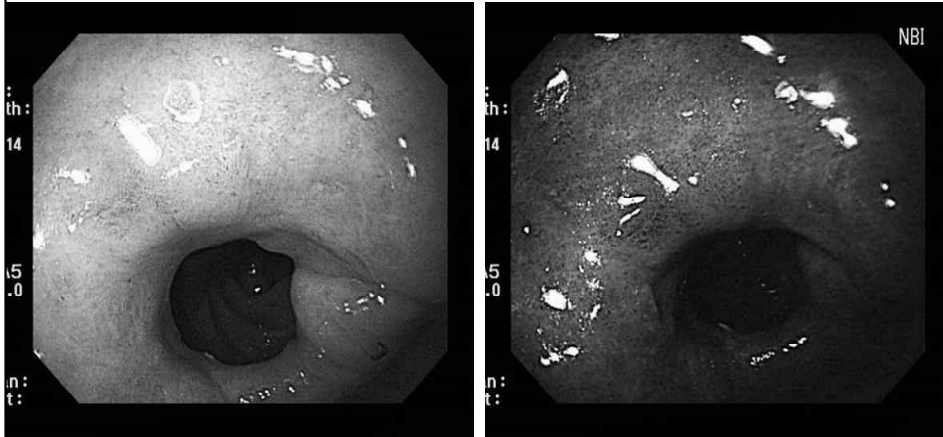
2013년 8월



2013년 12월 CT

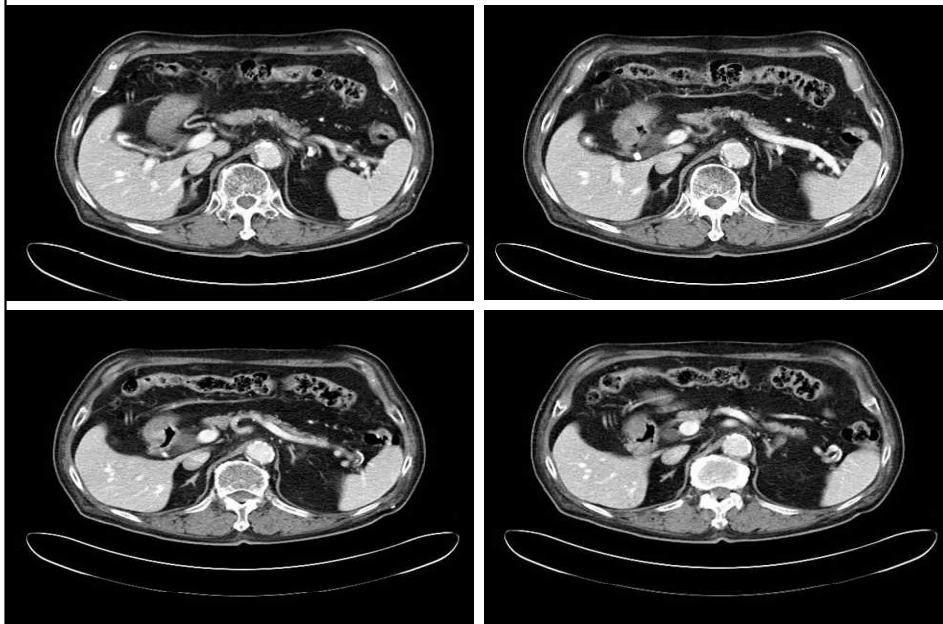


2014년 6월 (진단 후 3년 후)

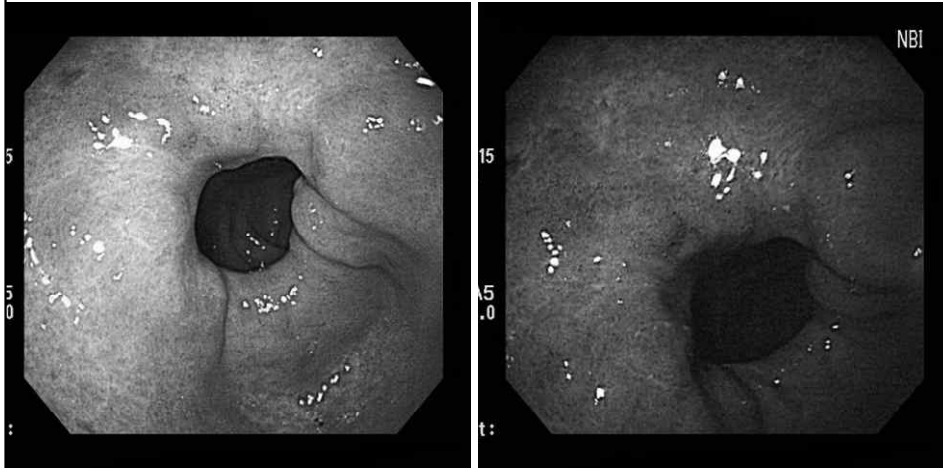


Stomach, antrum, biopsy : chronic inflammation
metaplasia (-)

2014년 6월 CT



2015년 3월 (진단 후 3년 8개월 후)



Stomach, antrum, biopsy :
chronic gastritis, mild with foveolar epithelial hyperplasia

2015 3월 CT



2015년 3월 PET-CT



내시경 소견의 변화

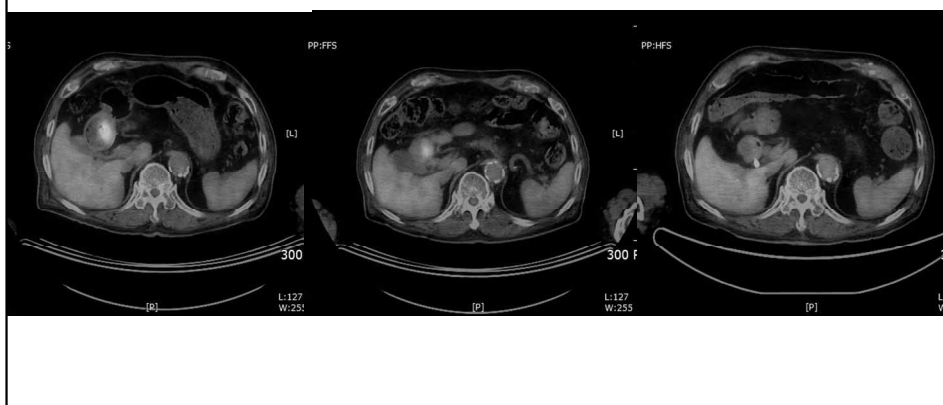


PET-CT 변화

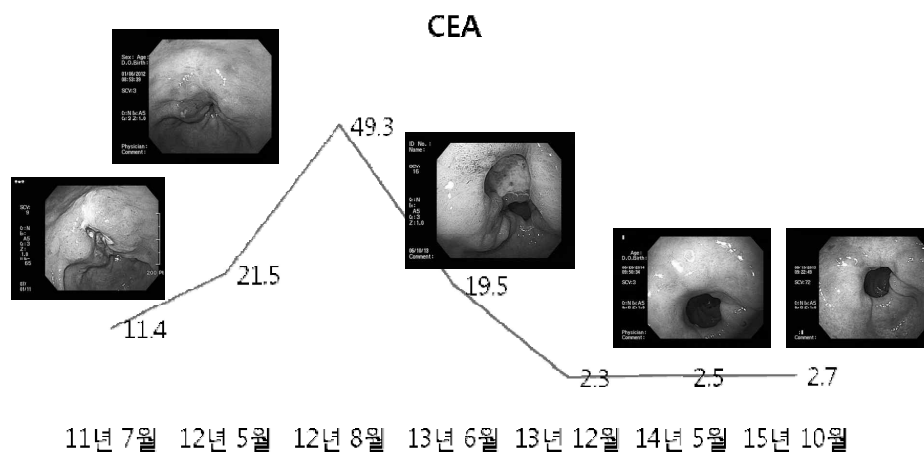
2011년 7월

2012년 5월

2015년 3월



CEA 추이 그래프



Final diagnosis

- Spontaneous regression of advanced gastric cancer

Spontaneous regression of AGC

- Spontaneous regression of a malignant tumor has often noted in hypernephroma, neuroblastoma, malignant melanoma, choriocarcinoma, bladder cancer.
- Regarding gastric cancer, 19 cases of spontaneous regression have been reported. (Clin Oncol (R Coll Radiol) 2000; 12: 335-6)
- Mechanism
 - Hormonal mechanism ?
 - Immunological mechanism ?
 - Operation or Trauma ?
 - Infection ?
 - Psychological factor ?

CASE REPORT
Oncology & Hematology

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A Case of Spontaneous Regression of Advanced Gastric Cancer

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An 84-yr-old male with a history of nausea and vomiting for 3 weeks was admitted to our hospital. Esophagogastroduodenoscopy showed the diffuse infiltrative type of gastric cancer encircling from the cardia to the lower body. On abdominal computerized tomography, the gastric wall was diffusely thickened with overlying mucosal enhancement without lymph node involvement. Histologic examination revealed poorly differentiated adenocarcinoma. So surgical resection was planned. However, patient refused all medical care, and then he was discharged. He lived without any medical support and then he revisited our hospital and showed relieved symptoms on the follow-up exam. On esophagogastroduodenoscopy, the gastric mucosa of the body looked normal without any dysplastic change. Abdominal CT revealed a decreased thickening of the gastric wall of the body. The histology from the endoscopic forceps biopsy showed no evidence of malignancy. The patient is alive without any sign of tumor recurrence after 14 months.

Key Words: Advanced Gastric Cancer; Neoplasm Regression, Spontaneous

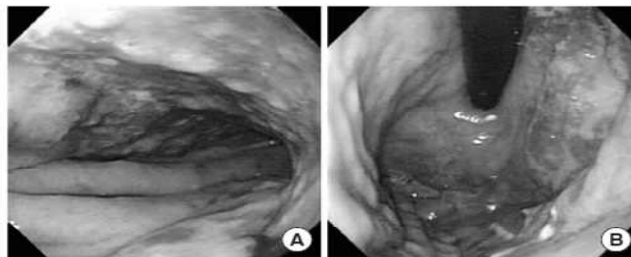


Fig. 1. Initial EGD findings. (A) View of body from gastro-esophageal junction. (B) View of fundus and cardia from distal body. These showed a 10×5 cm sized diffuse edematous and erythematous mucosal change from the cardia just below the gastro-esophageal junction to the lower body. EGD, Esophagogastroduodenoscopy.

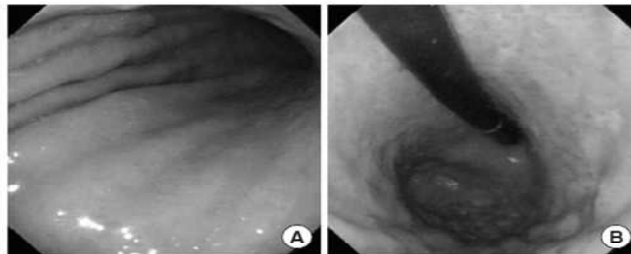


Fig. 2. EGD findings after 6 month. (A) View of body from gastro-esophageal junction. (B) View of fundus and cardia from distal body. This showed that normal mucosa was situated from the cardia just below gastro-esophageal junction to the lower body. EGD, Esophagogastroduodenoscopy.