

Infiltration of the stomach by retroperitoneal metastasis

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A 60-year-old female was admitted to the authors' clinic for evaluation of a suspected (after positron emission tomography–computed tomography and oesophagogastroduodenoscopy) subepithelial tumour in the stomach wall. Six years earlier, the patient had been diagnosed with low-grade serous adenocarcinoma of the right ovary, which was treated with total hysterectomy, bilateral adnexectomy, omentectomy and pelvic lymphatic dissection. Chemotherapy was started. After follow up 2 years later, she underwent a second operation for the extirpation of retroperitoneal metastasis and follow up was clear until the current presentation when a lesion in the gastric wall was seen. To confirm the origin of the lesion endoscopic ultrasound (Figures 1 and 2) and fine needle biopsy during endoscopic ultrasound were performed which showed evidence of malignant infiltration of the stomach by new retroperitoneal metastasis of serous papillary ovarian carcinoma. Immunohistochemical analysis was positive for CK7, PAX8 and WT1. The patient was referred to the oncologist for further treatment.

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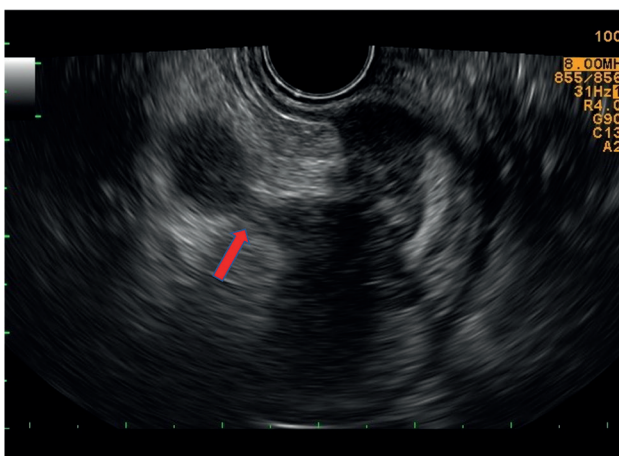


Figure 1. Endoscopic ultrasound showed retroperitoneal metastasis and infiltration of the gastric wall (red arrow).

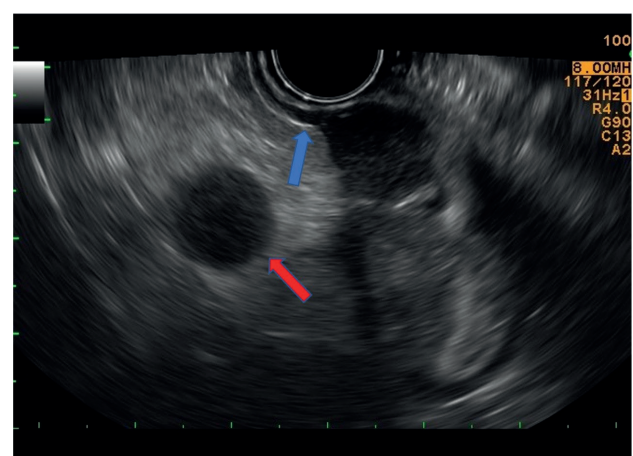


Figure 2. Endoscopic ultrasound showed retroperitoneal metastasis (red arrow) and the gastric wall (blue arrow).