A Case of Myelodysplastic syndrome accompanied by gastric cancer and cholelithiasis

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Introduction

Myelodysplastic syndromes (MDS) are a fairly recent grouping of diseases of the blood. There has not yet been a significant accumulation and analysis of cases. Thus, there have been relatively few studies of MDS made so far. We would like here to report on a patient we treated for MDS accompanied by gastric cancer and cholelithiasis.

Case Report

In November 1999, 76-year-old man was admitted to the Department of Internal Medicine, Koto Hospital with a chief complain of dizziness upon standing. There was nothing unusual in his medical history or that of his family. Since MDS, gastric cancer and cholelithiasis were diagnosed, he was introduced to our Department of Surgery. At the time of hospitalization, anemia was observed in the conjunctiva, but there was no jaundice. Physical examination revealed no abnormal findings other than anemia. Blood chemistry findings showed that his WBC was down to 2,810/mm³. His hemoglobin was 8.2 g/dl and macrocytic hypochromia was observed with MCV at 133.3 fl and MCH at 41.8 pg. In the erythrocytes, giant platelets, all of similar size, were observed. CEA, CA19–9 were in normal ranges. On bone marrow biopsy the bone marrow was euplastic, the granulocytic series was hypoplastic, and abnormality was observed in the erythrocyte morphology. Also micromegakaryocyte was observed (Color 1). The peripheral blood contained 1% or less blast cells and 10% annular sideroblasts. Since the percentage of annular sideroblasts was less than 15%, the patient was diagnosed as MDS (RA). The chromosome in the bone marrow fluid was 46 : XY, the normal male karyotype. Upper gastrointestinal radiologic examination revealed a small concave lesion extending from the lesser curvature of the stomach body to the posterior wall (Fig. 1). An endoscopic examination showed a mucosa concentration, accompanied by peparing, extending from the lesser curvature of the stomach body of the gastric angle to the posterior wall (Color 2). It was a IIc lesion. A biopsy confirmed that the lesion was Class V and approximately 3 × 4 cm in size. Calculus was observed in the gallbladder (Fig. 2). The lesion was slightly too big to perform EMR, but as the MDS was RA, which has a comparatively good prognosis and as there was no decrease in platelet count, we did a pylorogastrectomy and a cholecystectomy, and completely removed the D2 lymph node on November 12, 1999. Resected specimen : A IIc lesion of 4 × 4 cm extending from the gastric angle to the antrum of the stomach was observed. (color 3–a, b). Histologically the tumor was tubular adenocarcinoma depth to be sm 3, ly (1+), v (1+) and n 1 (+). The gallstones were calcium bilirubinate calculus (Fig. 3).

Discussion

There have been 12 patients, eight males and four females with MDS and gastrointestinal cancer in Japan, including our patient (Table 1). The mean age is 69.1 for the males and 67.5 for the females. MDS and gastric cancer occur more often in elderly males. The main complaints are symptoms of tumors or anemia. Five patients had MDS (RA) : another five had refractory anemia with excess blasts (RAEB). All patients with MDS (RA) had gastric cancer. Of the 5 patients with MDS (RAEB), 2 had gastric cancer, 2 had large intestine cancer and 1 had esophageal cancer. In terms of carcinoma, gastric cancer was observed in 7 patients and large intestine cancer in 6.

References

胃癌と胆石症を併存した骨髄異形成症候群の1例
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骨髄異形成症候群（以下MDS）に胃癌と胆石を併存した1例を経験したので報告する。症例は76歳、男性。1999年8月に貧血症状で来院受診。ヘモグロビン8.3g/dlで骨髄穿刺所見では骨髄は正常形成で、核球系は低形成、赤血球系形態に異常を認め、micromegakaryocytesも認められた。また末梢血中、胆球は1%以下で変状は著明で10%であり、MDS（RA type）と診断された。また精密にて胃癌および胆石症の診断も明確、胃顕微鏡検査、胆道鏡を施行した。胃癌はIIc病変で、病理はtubular adenocarcinoma depth 3y1(1+)v1(1+)と1(+)であり胆石はピリリンカルクウム石であった。本邦で消化器癌を併存したMDSは自験例を含めて12例であった。男性8例、女性4例で、RA type、RAEB typeともに5例ずつであった。RAEB typeでは早期死亡例があり、消化器癌との予後の比較による適切な治療が必要と考えられた。また自験例はMDSに消化器癌と胆石を併存した初めての症例であり、胆道疾患との関連の解釈が今後は待たれる。