# CLINICAL IMAGE

# A Coral Like Papillary Mass in the Gastric Cardia

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Key words: Gastric Cardia Tumor, Papillary Mass, and Endoscopy.

## Case

A 75 year-old man was admitted with five kilograms of weight loss and dysphagia for three months to our clinic. Physical examination was unremarkable. Laboratory tests such as, complete blood count, liver enzymes, creatinine, and C-reactive protein were normal. Endoscopy revealed a coral like papillary mass in gastric cardia (Fig. 1). Histopathological examination of the mass biopsies taken during the endoscopy were compatible with hyperplastic, inflammatory changes. Endoscopy was repeated and deeper biopsies were taken from the mass. Microscopic examination revealed similar findings to those from the first endoscopy. Abdominal computed tomography of the patient showed a heterogenous lesion,  $65 \times 43$  mm in size, located in the lesser curvature of the stomach but also extended to the gastroesophageal junction (Fig. 2). The patient underwent total gastrectomy. What is the patient's most likely diagnosis?

#### Answer

Histopathological examination of the resected specimen revealed gastric adenocarcinoma and adjuvant chemotherapy was planned for the treatment of the patient.

Gastric adenocarcinoma is a common cancer type worldwide with a high mortality rate. The tumor can arise from any site of the stomach and anatomically it can be classified as gastric cardia cancer or gastric non-cardia cancer, which have distinct epidemiological and clinical features (1). Gastric cardia cancer associated with gastroesophageal reflux disease and their incidence has been rising recently. These tumors are more aggressive and prognosis is worse than noncardia tumors (1,2). The patients generally present with dysphagia, weight loss, abdominal pain, and nausea. Endoscopy and histopathological examination of the endoscopic biopsy are the gold standard for diagnosis. In endoscopic examination the tumor can present as a polypoid lesion, an irregulary shaped mass, a depressed or ulcerated lesion or an infiltrating, diffuse lesion without an ulcer or a protruding mass (1-3). In our patient, we detected a coral like papillary mass in the

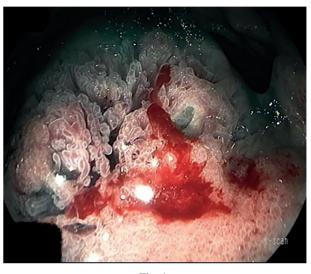


Fig. 1.

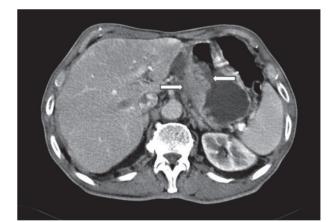


Fig. 2.

gastric cardia in endoscopy. The presentation of a cardia adenocarcinoma as a papillary mass was unusual in our case. Interestingly, repeated endoscopic biopsies were negative for malignancy, although adenocarcinoma was detected in gastrectomy specimen. The learning point of this case is that a cardia gastric adenocancinoma

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can present as a coral like papillary mass and surgery should be performed to the patients even if the biopsy specimens are benign; given that the clinical presentation, endoscopic and radiological findings are suspicious for malignancy.

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