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Review Article

**GASTRIC CANCER WITH CUTANEOUS METASTASIS-A
REVIEW AND REPORT**Fateme parooei ¹, Mahmood Anbari ², Morteza Salarzaei ^{1*}¹ Medical Student, Student Research Committee, Zabol University of Medical Sciences,
zabol, Iran² Zabol University of Medical Sciences, Zabol, Iran**Abstract:**

Introduction: Gastric cancer in most cases is diagnosed in symptomatic patients with an advanced disease lacking a definite treatment. The common symptoms of the primary diagnosis include weight loss (0.62), stomachache (0.52), nausea (0.34), and swallowing disorder (dysphagia) (0.26).

Methods: In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify the Gastric cancer with cutaneous metastasis. In this review, the papers published until early January 2017 those were conducted to study the Gastric cancer with cutaneous metastasis were selected.

Introducing the patient: The patient was a seventy-one-year-old woman diagnosed with gastric cancer the adenocarcinoma type. In the primary visit and the CT scan conducted on the patient's chest, abdomen, and pelvis, no distant metastasis was observed and the patient was in the non-metastatic phase of the disease.

Discussion and conclusion: patients with advanced gastric cancer are likely to be in need of palliative therapy to relieve symptoms such as nausea, stomachache, obstruction, and bleeding. As for the presence of local symptoms such as cutaneous involvement, the local treatment was not effective and systemic treatments will be needed.

Key words: Gastric cancer, cutaneous, metastasis

Corresponding author:**Morteza Salarzaei,**

Medical student,

Student Research Committee,

Zabol University of Medical Sciences,

Zabol, Iran

Email: mr.mortezasalar@gmail.com

Tell : +989120644917

QR code



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INTRODUCTION:

Gastric cancer in most cases is diagnosed in symptomatic patients with an advanced disease lacking a definite treatment. The common symptoms of the primary diagnosis include weight loss (0.62), stomachache (0.52), nausea (0.34), and swallowing disorder (dysphagia) (0.26) (1). The diagnosis of the disease is possible by upper endoscopy and sampling for pathology. Gastric cancer can extend to other organs such as esophagus, small intestine, liver, pancreas, and colon (large intestine) (2). It can even attack other areas such as lungs, ovaries, and bones. Among these attacks, we can mention the following examples. 1. malignant stomach fistula to the colon that is manifested by fecal vomiting. 2. Release in the lymphatic system that is manifested as a node around the navel or large lymph nodes above the clavicle or it can manifest itself by large ovaries or presence of mass in cul-de-sac owing to intraperitoneal spread (3). Cutaneous metastases are the infrequent symptoms of solid tumors. Cutaneous metastases are mostly seen in tumors of breast, lung, colorectal and ovaries and they are uncommon symptoms in the stomach (4). Cutaneous metastasis is observed in the gastric carcinoma in a variety of ways. A study conducted in this regard indicates that the cutaneous involvement of gastric carcinoma metastases are mostly manifested as zoster or something like Erythroplasia and the latter is called erythroplasia carcinoma. However, it can manifest itself as nodule or cellulite (5). The cutaneous metastases of gastric cancer are created after the diagnosis of primary internal malignancy. However, they are rarely the primary symptoms of gastric cancer (6).

Methods: In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify the Gastric cancer with cutaneous metastasis. In this review, the papers published until early January 2017 those were conducted to study the Gastric cancer with cutaneous metastasis were selected.

INTRODUCING THE PATIENT:

The patient was a seventy-one-year-old woman diagnosed with gastric cancer the adenocarcinoma type. In the primary visit and the CT scan conducted on the patient's chest, abdomen, and pelvis, no distant metastasis was observed and the patient was in the non-metastatic phase of the disease. After undergoing two months of treatment and conducting chemotherapy, the patient's primary clinical symptoms improved including dysphagia, weight loss, nausea, and vomiting. However, in the meantime, the patient's right armpit skin turned red and elasticity changes in solid form, sticking to the underlying layers, and thickening of the skin were observed. A biopsy was conducted from the lesions created; malignant skin

cells were reported, and diagnosis of malignant tumor metastasis was confirmed with an origin of gastric adenocarcinoma.

DISCUSSION AND CONCLUSION:

Gastric cancer is one of the most important malignant diseases with different geographical, racial, economic, and social distribution all over the world. This cancer accounts for 9.9% of all newly diagnosed cases of cancer (7). According to the statistics released by the World Health Organization, gastric cancer is the second mortality cause after lung cancer (8). Most of the gastric cancer cases are diagnosed when the patients are symptomatic and they suffer from an advanced disease that cannot be cured. The most common symptoms of primary gastric cancer at the time of initial diagnosis are weight loss, continuous stomachache, and dysphagia especially with for cardiac involvement (9). However, some of the symptoms are likely to represent themselves later; these symptoms arise from direct tumor spreading from the gastric wall or spreading through the lymphatic system. Gastric cancer attacks different organs. Gastric cancer is a kind of highly aggressive signet ring cancer and it can attack other organs such as breast, meninges, and even gums (10). However, gastric cancer hardly ever attacks the patient's skin. The exact diagnosis of this cancer is conducted by upper endoscopy and sampling from the lesion, and there is no serological test for the diagnosis of gastric cancer (11). CT scan is conducted for studying the metastasis and ultrasonography through the endoscope is conducted for evaluating the tumor size and the involvement of selected lymphatic nodes. In early stages of the disease, the treatment is a combination of surgery and chemotherapy. However, patients with advanced gastric cancer are likely to be in need of palliative therapy to relieve symptoms such as nausea, stomachache, obstruction, and bleeding (12). As for the presence of local symptoms such as cutaneous involvement, the local treatment was not effective and systemic treatments will be needed.

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