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## Seven Synchronous Early Gastric Cancer with 28 Lymph Nodes Metastasis

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Owing to the recent development of diagnostic technology through esophagogastroduodenoscopy (EGD), the prevalence of early gastric cancer (EGCa) is increasing. Also, reports of multiple synchronous EGCa lesions are increasing as well. The prevalence of multiple EGCa does not differ between advanced gastric cancer patients as 6-14% (1) and EGCa patients as 8.3-17% (2). Multiple EGCa show a high level of prevalence in elder patients or in male patients, and also when the cancer is well differentiated or invasion is limited to the mucosal layer (3). And most accessory lesions have been known to occur adjacent to the main lesion with same or even better differentiation (4). It was found that there was no difference in lymph node metastasis when comparing multiple EGCa with single EGCa in general, but if the invasion depth was deep or if its differentiation was poor, the possibility of LN metastasis was even higher (3). If the indications of endoscopic treatment are expanded, since even the surgical treatment tends to orient towards less invasive methods to preserve the normal part of stomach as much as possible, accurate pretreatment diagnosis is important for the multiple lesions of EGCa. In our case, seven EGCa had been found in an 85 year old male patient and there were multiple lymph node metastases identified post-operatively even though the cancer had shown invasion into the upper portion of the submucosal layer. An 85 year male patient complaining epigastric discomfort was admitted. From the esophagogastroduodenoscopy, three early gastric cancer (EGCa) lesions had been identified and these were diagnosed as adenocarcinoma with poorly cohesive cell type. The patient underwent operation. From the post-operative mapping, however, additional four EGCa lesions were found, and the patient was diagnosed with seven synchronous EGCa. Out of the seven EGCa lesions, six had shown invasion only to the mucosal layer and one had shown invasion into the 1/3 layer of submucosa. In spite of such superficial invasions, 28 of 48 lymph nodes had been identified as metastases.

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## A Case of Kayexalate Associated Injury at rectosigmoid colon

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Sodium polystyrene sulfonate (Kayexalate) is a cation-exchange resin routinely used in the management of hyperkalemia. However, it has been rarely associated with colonic necrosis and other fatal gastrointestinal adverse events. We report a rare case of kayexalate associated injury following kalimate (calcium polystyrene sulfonate), an analogue of kayexalate, without sorbitol in a 70-yr-old man who had a history of prostate cancer. He was admitted to the hospital because of back pain. Bone scan revealed L4 spine vertebral body compression fracture and right femur shaft impending fracture. After vertebroplasty and protective internal fixation, azotemia and hyperkalemia was occurred. For the management of hyperkalemia, he took kalimate (10 g tid) orally for 7days. One day after administration of kalimate, he complained about the abdominal pain and hematochezia. Colonoscopy showed multiple erythemas, erosions and bright yellow spotty areas. Microscopic examination revealed kayexalate crystals which display a characteristic of mosaic pattern resembling fish scales. After a stopping kalimate administration, hematochezia was subsided. We report a case that the use of kalimate may be associated with gastrointestinal injury. Physicians must be aware of the risk of these adverse events when prescribing kalimate for the management of hyperkalemia.

**Key Words:** kayexalate, kalimate, rectosigmoid colon injury