

Metastatic brain tumor from GB cancer

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A 73-year-old woman presented with dysarthria, and Rt. Side weakness for 1 weeks. The patient had past history of osteoporosis. Physical examination revealed motor grade of Rt. side extremities were grade 4. AST/ALT, ALP, LDH, ESR levels were slightly increased. Brain MRI showed 2.1cm sized well-circumscribed lobulate contoured heterogenous and peripheral enhancing mass involving Lt. frontal lobe consistent with r/o single brain metastasis or r/o glioblastoma. (Fig.1) A supratotal resection was performed. The pathological diagnosis was MALIGNANT TUMOR OF PAPILLARY PATTERN, probably metastatic (Fig. 2). Abdominal-pelvic CT demonstrated a nodular focal enhancing wall thickening in proximal body of GB (Fig. 3). Whole-body PET-CT demonstrated hypermetabolic lesions in the hepatic hilum and GB fossa, antrum of stomach (Fig. 4). Liver MRI demonstrated dumbbell-shaped enhanced wall thickening of GB body with luminal narrowing and small sludge and gallstones in distal chamber, suggesting GB cancer (Fig. 5). Tumor marker studies revealed an increased level of the CA-19-9 (252 U/ml) and the CA-125 (40 U/ml). On the basis of these findings, the patient was diagnosed as having GB cancer with metastasis to the brain is a rare case in the world and has never been reported in Korea. The patient was received whole brain radiotherapy. But the patient wasn't received chemotherapy because of the worsened general condition. The patient expired 3 month after the diagnosis of the disease due to cancer progression.



Sequential spinal and intracranial dural metastases in gastric adenocarcinoma: a case report

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Although gastric adenocarcinoma can metastasize to almost any organ, metastasis to the dura mater is relatively rare. Here, we report a case of sequential spinal and cranial dural metastases from gastric adenocarcinoma. A 43-year-old woman with metastatic gastric cancer presented with a progressively worsening lower back and radiating right leg pain. Magnetic resonance imaging (MRI) of the spine revealed an enhancing dural mass at the lumbosacral junction with invasion to the right L5 and S1 nerve roots. Three months later, she presented with a loss of sensation on the left side of the face and hearing loss in the left ear. MRI of the brain revealed an enhancing dural lesion at the left cerebellopontine angle with extension to the trigeminal nerve and internal auditory canal. She was treated with local radiotherapy at the lumbosacral junction and the left skull base, and her pain and facial palsy improved after palliative radiotherapy. Dural metastasis from primary gastric adenocarcinoma has been rarely reported, and its prognosis is very poor because it frequently leads to acute subdural hematoma. This is the first reported case of dural metastases of gastric adenocarcinoma of the spine and skull base with involvement of the surrounding structures but with a relatively indolent course and without subdural hematoma. Local radiotherapy may be effective for the relief of symptoms in cases of dural metastasis of gastric adenocarcinoma with an indolent course and controlled systemic disease.

