

POSITIVE TROUSSEAU'S SIGN IN GASTRO-JEJUNOSTOMY STOMAL MALIGNANCY

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The incidence of cancer of the stomach is lower in India as compared to Japan and China. Malignant transformation of an ulcer in the stomach is still rarer. Cancerous changes in the stomal ulcer of a Gastro-Jejunostomy presenting with a positive Trousseau's sign is seen. Hence this case report.

CASE REPORT :

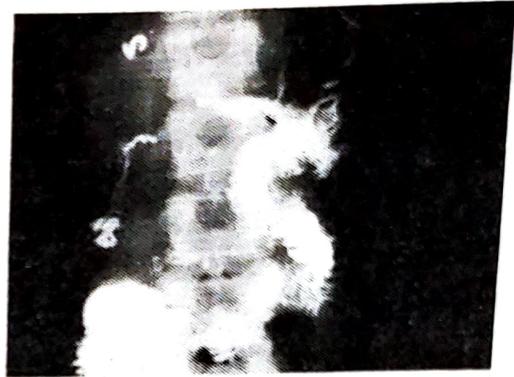
A 40 year old male was admitted on 19.6.95 with c/o pain in the epigastric region and back, aggravated by food for 1-2 months. H/o vomiting and malena were absent. He was operated for a duodenal ulcer in 1974 (a Gastro-jejunosomy was done). No record was available to show whether a vagotomy was performed.

Examination revealed a firm mass, moving with respiration, behind the operation scar in the epigastric region (size 5cms x 4cm). It was tender on deep palpation. There was also a small firm nodular mass in the Lt. supraclavicular area (size 2cm x 2cm) which the patient had not noticed.

Gastroscopy, showed a mass occupying the antral part of the stomach, blocking the pylorus. Biopsy of the mass was also inconclusive. HPE of supraclavicular mass was reported as a metastatic papillary adeno-carcinoma in the supraclavicular lymph nodes (+ve Trousseau's sign).

An abdominal scan (23.6.95) revealed multiple enlarged lymph nodes in the pre and para aortic regions extending to the porta hepatis, associated with marked thickening of the gastric antral wall. A Ba meal study clearly showed a mass arising from and around the stoma of the posterior gastro-jejunosomy. However, the stoma was patent and showed an anastomotic ulcer towards the efferent loop (See Photograph).

Since, this was an inoperable case, the patient was given blood transfusion to correct his anaemia and was advised chemotherapy, which the patient refused and was therefore discharged.



Ba X-ray shows malignant changes in Gastro-Jejunosomy Stoma.

DISCUSSION :

Gastric polyps, pernicious anaemia, chronic gastritis are known pre-malignant conditions. Ingested carcinogens like cooked fat, tobacco or substances causing irritative gastritis like spirit, are few of the known aetiological factors of stomach cancer.

3% of patients suffering from cancer of various organs, suffer from cancer of the stomach and only 0.5% of cases suffer from cancerous changes in an ulcer in the stomach (which is invariably a chronic gastric ulcer). Patients having undergone surgery for gastric ulcers are more prone to cancers after a latent period of 15-20 years, than those with normal stomachs. There are chances of missing this on gastroscopy, because these ulcers are usually in the jejunal part of the stoma, where it is very difficult to negotiate the gastroscop.

This case is reported because of its rare occurrence.

References :

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