

Discovery of Gastric Adenocarcinoma during PEG Tube Placement in Patient with Epiglottic Squamous Cell Carcinoma

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Introduction: Multiple primary neoplasms constitute up to 2-17% of cancer diagnoses. We report a patient who was diagnosed with gastric adenocarcinoma at the time of percutaneous endoscopic gastrostomy (PEG) tube placement for dysphagia secondary to squamous cell carcinoma of the anterior epiglottis.

Case Description: A 77-year old male presented for upper endoscopy with PEG tube placement. Two months prior, the patient was diagnosed with p16 negative invasive squamous cell carcinoma of the anterior epiglottis. He was referred for PEG tube placement for nutrition supplementation due to 5 months of progressive dysphagia, malnutrition, and unintentional weight loss. Social history was significant for tobacco dependence with 52 pack years and alcohol dependence. At the time of PEG tube placement, a 1.5 cm excavated lesion at the gastric incisura was identified. Biopsy was performed to rule out malignancy. PEG tube was successfully placed. Biopsy was consistent with diffuse type signet ring gastric adenocarcinoma. PET scan 1 month prior to PEG tube placement showed no foci of abnormal FDG uptake outside of the primary lesion in the epiglottis. Patient is undergoing treatment for laryngeal carcinoma with chemotherapy and radiation. Assessment and treatment for gastric cancer diagnosis will be deferred until completion of treatment for laryngeal carcinoma.

Discussion: Concurrent laryngeal and gastric cancer is a unique diagnosis not well reported. Literature shows that signet ring cell carcinomas has significantly lower 18F-FDG uptake than other forms of gastric cancer. These findings highlight the importance of completing a full endoscopic evaluation in all patients undergoing endoscopy.