Primary Gastric Squamous Cell Carcinoma with Concurrent H. Pylori Infection and Colonic Metastasis

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Introduction: Primary gastric squamous cell carcinoma (PGSCC) is a rare, aggressive, malignancy that requires EGD with biopsy and pathology for diagnosis. H. pylori infection is a known risk factor for gastric malignancies but, only one case has been reported with an association between the two.

Case Information: This is a 66-year-old male, with no significant history, presented to the hospital with syncope, melena, fatigue, exertional dyspnea, and 50lb weight loss. Patient was found to have HGB of 3.2. CT abdomen showed a mass in the antrum of the stomach, most prominent posteriorly and around the greater curvature. EGD revealed normal esophagus and a 15cm, oozing, fungating, and partially circumferential gastric mass located in the antrum, involving the entire posterior wall with extension into the greater curvature. The gastric mass was 5cm below the GE junction, without evidence of esophageal involvement. Biopsy of the mass revealed poorly differentiated SCC and Helicobacter pylori infection. Colonoscopy then revealed a 4 cm lesion which was confirmed to also be poorly differentiated SCC. PET scan showed known gastric and colonic mass with multiple enlarged and hypermetabolic perigastric and retroperitoneal lymph nodes consistent with metastasis.

Discussion: PGSCC is a rare form of gastric malignancy accounting for roughly 0.2% of primary gastric cancer reported. Compared to the more common gastric adenocarcinoma, SCC tends to be more aggressive with poorer outcomes. Unfortunately, the pathogenesis remains obscure, making early detection difficult. Additionally, metastasis to the colon is exceptionally rare with most cases metastasizing to liver, peritoneum, lung and bone.

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