

Case Report

Linitis Plastica

(Diffuse, Infiltrating, Poorly Differentiated Adenocarcinoma)

I UR KHAN M A SHAFIQ K M AZEEM

Department of Surgery, K. E. Medical College/Mayo Hospital, Lahore

Correspondence to Dr. Intesar Ur Rashid Khan, Senior Registrar

Introduction:

A leather bottle stomach - linitis plastica - describes a stomach that has a gastric carcinoma, which is morphologically an infiltrating carcinoma.

Infiltrating carcinomas of the stomach tend to occur in younger patients and carry a poorer prognosis than other morphological types. Infiltrating carcinomas cause a leather bottle stomach as a result of spreading widely beneath the stomach mucosa and invading the muscular wall. This pattern of 'growth' causes thickening and stiffening of the stomach wall. As a result the stomach also has a reduced capacity. The resultant stiff-walled, smaller capacity stomach is much akin to a leather bottle

Case report: N. S. 50/F presented with retrosternal pain early satiety and vomiting for last three months. Vomitus contained undigested food matter and was more for solids. No significant weight loss was noted by the patients or attendants. She consulted local doctors who gave her some medications and advised gastroscopy which revealed non specific gastritis. Surgeon advised Barium meal which revealed shrunken stomach with irregular margins (Fig 1). Despite no true preoperative histological. Support, we decided to operate upon the patient and procedure planned was palliative gastrectomy and Roux-en-Y esophagojejunostomy. After opening abdomen via midline incision, operative findings noted, resectability of tumor was assessed. Major vessels of stomach were tied. Spleen and stomach were taken out. (Fig 2). Duodenal stump was closed. Continuity was restored by bringing the roux loop of jejunum and anastomosing it end to side with abdominal esophagus using nasogastric tube as stent Fig 2.

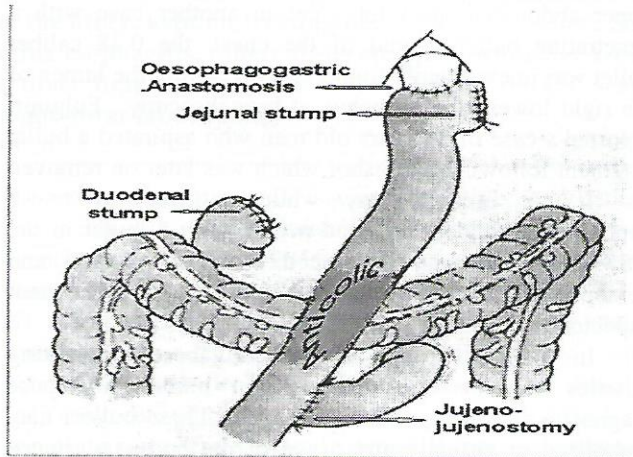


Fig. (2) Diagrammatic representation of Surgery

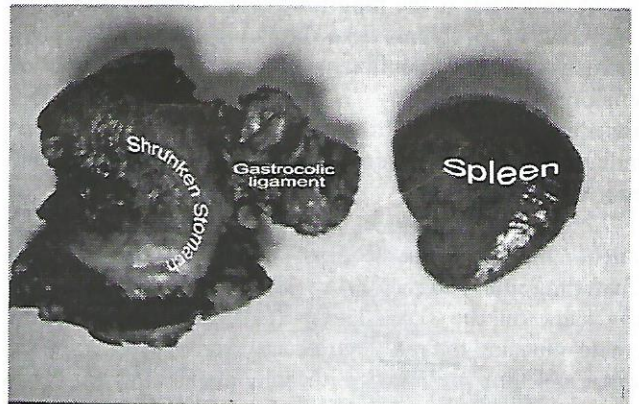


Fig.3: The resected specimen

Patient showed smooth recovery from anesthesia

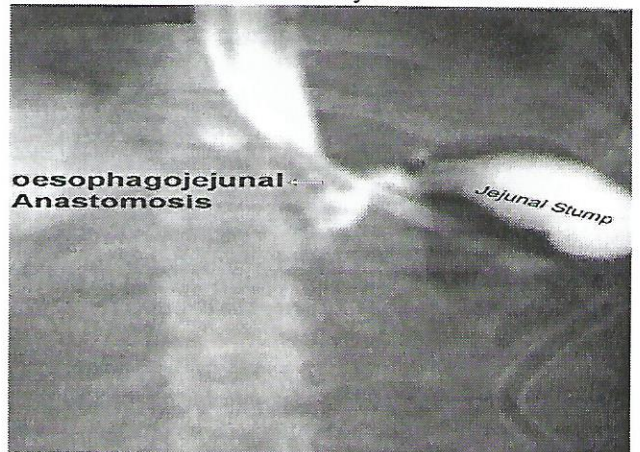


Fig. 4: Post-op Barium meal



Fig.1 Barium study showing Linitis plastica

The specimen was sent for histopathology which revealed adenoicarcinoma.

Result:

The patient was referred to oncology ward for chemotherapy, where she received full course of chemotherapy. She visits us regularly and is satisfied with the treatment offered.

Discussion:

The sensitivity of cytological evaluation in linitis plastica was 73.3%¹. Lesions were classified in all cases of linitis plastica type as poorly differentiated carcinomas including signet ring cells².

References:

1. Acta Cytol. 1981 Jul-Aug;25(4):361-6
2. Nippon Geka Gakkai Zasshi. 1991 Nov;92(11):1577-82.