

CLINICAL PRACTICE

*Clinical Practice: Clinical Images***A Leathery Lining**

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A 44-year-old previously healthy man from Mexico presented with 10 days of abdominal pain, nausea, and vomiting. The exam was remarkable for decreased left-sided breath sounds, diffuse abdominal tenderness, and mild abdominal distention. Chest radiograph showed a large left pleural effusion. Computed tomography of the abdomen demonstrated a markedly thickened stomach wall, loculated peritoneal fluid collections, paraaortic lymphadenopathy, and omental carcinomatosis (Fig. 1). Thoracentesis was performed and cytopathological examination of the pleural fluid showed a poorly differentiated adenocarcinoma of upper gastrointestinal origin. Esophagogastroduodenoscopy revealed a diffusely thickened and rigid stomach indicating extensive intramural malignant infiltration consistent with

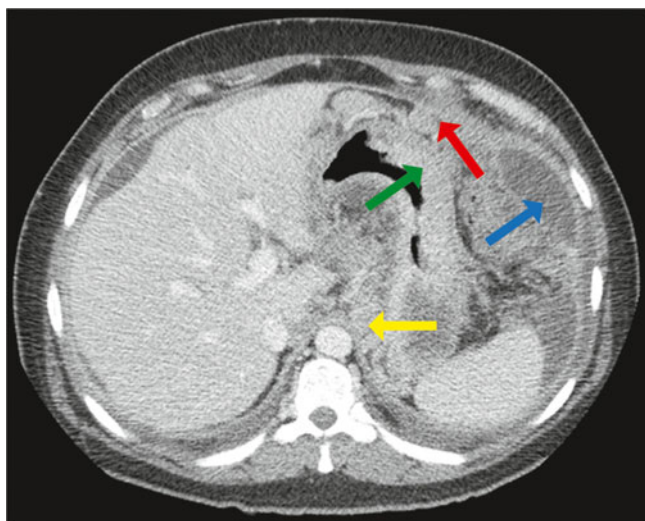


Figure 1. Computed tomography of the abdomen showed a thickened stomach wall (green arrow), a loculated fluid collection (blue arrow), paraaortic lymphadenopathy (yellow arrow), and omental carcinomatosis (red arrow).

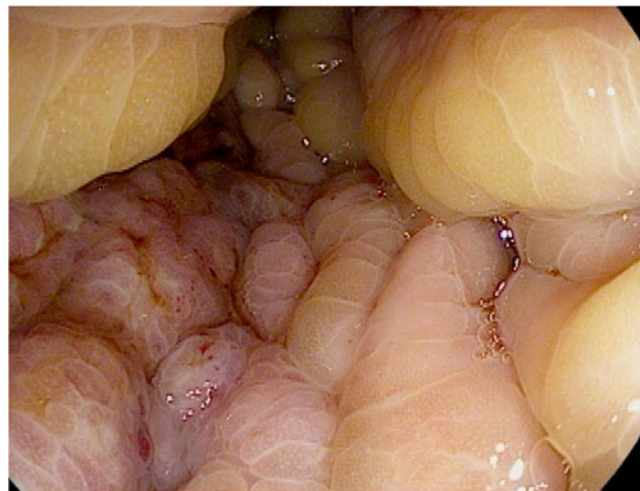


Figure 2. Esophagogastroduodenoscopy revealed a diffusely thick and rigid stomach consistent with linitis plastica.

“linitis plastica” (Fig. 2); gastric biopsy confirmed diffuse-type gastric adenocarcinoma.

Originally coined by William Brinton in 1854, linitis plastica, also known as leather bottle stomach, accounts for 3–19 % of all gastric cancers, and portends a poor prognosis.^{1,2} A case series of 86 patients reported 1-year and 7-year survival rates of 50 % and 8 %, respectively, despite surgical resection.³ In this case, the inelasticity of the patient’s stomach resulted in intractable nausea and vomiting, for which a nasogastric tube was inserted for as-needed suctioning. Given the extent of his tumor burden, the patient was treated with symptomatic management and transitioned to home hospice.

Conflict of Interest: The authors declare that they do not have a conflict of interest.

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REFERENCES

1. Wanebo HJ, et al. Cancer of the stomach. A patient care study by the American College of Surgeons. *Ann Surg.* 1993;218(5):583–92.
2. Hamy A, et al. Study of survival and prognostic factors in patients undergoing resection for gastric linitis plastica: a review of 86 cases. *Int Surg.* 1999;84(4):337–43.
3. Armstrong GE. Linitis plastica. *Can Med Assoc J.* 1914;4(9):770–5.

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