Hypertrophic gastric folds caused by metastatic prostate adenocarcinoma

The stomach represents an unusual site for metastatic lesions, and secondary tumors mimicking diffusely infiltrating primary gastric cancer are exceptionally rare [1]. With respect to prostate cancer, metastases to the upper gastrointestinal tract have only infrequently been described, and published data are mainly confined to single case reports [2–4]. A 69-year-old man diagnosed with prostate cancer 8 years earlier underwent upper endoscopy for unspecific abdominal discomfort. Inspection of the stomach revealed diffuse hypertrophic gastric folds within the upper third of the stomach (► Fig. 1). Upon histological examination, the gastric oxyntic-type mucosa was found to be diffusely infiltrated by polymorphous cancer cells with enlarged irregular nuclei and cytoplasmic vacuolization (► Fig. 2). The cancer cells were immunoreactive for prostate-specific antigen (PSA) (► Fig. 3a) and androgen receptor (► Fig. 3b). The MIB-1 proliferation index was 25%.

Within the gastrointestinal tract, metastatic cancer is most often encountered as a solitary lesion resembling a submucosal tumor with or without a central depression and/or (“volcano”-like) mucosal ulceration. The lesions are typically located in the middle or upper third of the stomach [1]. Diffuse thickening of gastric folds and/or linitis plastica-like changes due to a secondary tumor are exceedingly rare and have, so far, mainly been reported for metastatic breast cancer [5]. To the best of our knowledge, metastatic disease due to prostate cancer has only once before been reported as a cause of hypertrophic gastric folds [4].

Differential diagnoses mainly include: Ménétrier’s disease, a rare hyperproliferative protein-losing gastropathy; lymphocytic gastritis, a rare variant of gastritis which is mainly associated with *Helicobacter pylori* infection; gastric lymphoma; and primary gastric cancer.

In conclusion, we present a case of hypertrophic gastric folds caused by metastatic prostate adenocarcinoma. Endoscopists should consider gastric metastasis in the work-up of patients with known malignancies who present with hypertrophic gastric folds.

Fig. 1 Hypertrophic folds arising within the upper third of the stomach.

Fig. 2 Polymorphous cancer cells diffusely infiltrating gastric oxyntic-type mucosa.

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Competing interests: None

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Fig. 3 The cancer cells are immunoreactive for: **a** prostate-specific antigen (PSA) and **b** androgen receptor.

Bibliography

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