IMAGEM EM NEUROLOGIA/IMAGE IN NEUROLOGY

Gastric Cancer Initially Presenting as Paraparesis

Cancro Gástrico Revelado por Paraparésia

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DOI: https://doi.org/10.46531/sinapse/IN/230043/2023

Gastric cancer frequently spreads to the regional lymph nodes, liver and lungs following surgery or late in the clinical course. Bone metastasis is usually recognized as parallel disease recurrence following surgery or progression during follow-up and occurs in the late stage of the disease. Initial (or simultaneous) presentation of bone metastasis, particularly in asymptomatic gastric cancer, is extremely rare.

A 65-year-old woman presents to the emergency department with a five-month history of muscular weakness and reduced sensitivity in lower limbs and constipation.

On physical examination, there was a decrease in muscular strength, grade 2 in the left lower limb and grade 3 in the left upper limb, level of sensitivity in D3, aquiline and patellar reflex abolished and Babinski sign bilaterally.

She performed magnetic resonance imaging of the neural axis, that showed a infiltrative lesion centered on the body of D3, with an exuberant associated soft tissue component, infiltrating the vertebral body, destroying the posterior wall, expanding the posterior pedicle and arch to the left, the anterior aspect of the canal, deforming the medulla laterally and mainly to the left, still

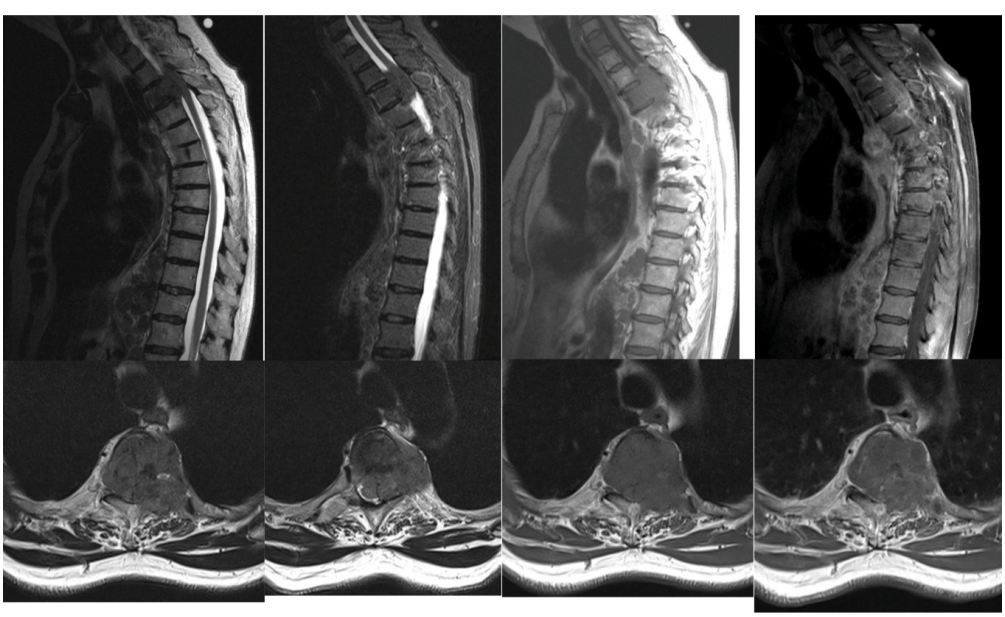

Figure 1. a-d sagital plane a: T2 FSE a: STIR c: T1 FSE d: T1 FSE w7contrast e - h axial plane e/f: T2 FSE g: T1 FSE h: T1 FSE w/contrast

Soft tissue mass with mild heterogeneous enhacemente that infiltrates D3 vertebral body and the vertebral posterior elements on the left extensive paravertebral and intracanalar component with contralateral deviation and compression of the spinal cord; slight spinal edema. Infiltration of the posterosuperior left D4 vertebral body; extension to D2-D3 and D3-D4 left foramina with D2 and D3 roots deviated/involved by the lesion.

Informações/Informations:
Imagem em Neurologia, publicado em Sinapse, Volume 23, Número 3, julho-setembro 2023. Versão eletrónica em www.sinapse.pt;
Image in Neurology, published in Sinapse, Volume 23, Number 3, July-September 2023. Electronic version in www.sinapse.pt

Keywords:
Bone Neoplasms/secondary; Paraparesis/etiology; Stomach Neoplasms.

Palavras-chave:
Neoplasias do Estomago; Neoplasias dos Ossos/secundário; Paraparésia/etiologia.

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Recebido / Received: *2023-06-16*
Aceite / Accepted: *2023-10-03*
Publicado / Published: *2023-10-18*

infiltration of the posterior superior slope of the body of D4 and posterior inferior of D2 a massive retroperitoneal conglomerates of lymph nodes (**Fig. 1**).

This patient was submitted to urgent radiotherapy with slight improvement of the deficits.

Histopathological examination showed metastasis of adenocarcinoma. A gastrointestinal endoscopic examination was performed, and a proliferative mass was found in the gastric antrum. Multiple biopsies were taken, and the histopathological results were tubular (intestinal) adenocarcinoma.

In summary, the present case indicates that gastric cancer exhibits a variety of clinical features with regard to bone metastasis, particularly in the initial clinical presentation of the disease. In addition, the case indicated the importance of the detection of potential gastric cancer in patients with an initial presentation of bone metastasis.[1–5]

Contributorship Statement / Declaração de Contribuição

DA: Conception, writing of the manuscript and final approval.

CMP: Manuscript review and final approval.

Responsabilidades Éticas

Conflitos de Interesse: Os autores declaram a inexistência de conflitos de interesse na realização do presente trabalho.

Fontes de Financiamento: Não existiram fontes externas de financiamento para a realização deste artigo.

Confidencialidade dos Dados: Os autores declaram ter seguido os protocolos da sua instituição acerca da publicação dos dados de doentes.

Consentimento: Consentimento do doente para publicação obtido.

Proveniência e Revisão por Pares: Não comissionado; revisão externa por pares.

Ethical Disclosures

Conflicts of Interest: The authors have no conflicts of interest to declare.

Financing Support: This work has not received any contribution, grant or scholarship. Confidentiality of Data: The authors declare that they have followed the protocols of their work center on the publication of data from patients.

Patient Consent: Consent for publication was obtained.

Provenance and Peer Review: Not commissioned; externally peer reviewed.

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