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Summary

LEPTOMENINGEAL CARCINOMATOSIS AND INTESTINAL MALIGNANT INFILTRATION OF GASTRIC ORIGIN: A CASE REPORT

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A case report describes leptomeningeal carcinomatosis as the presenting feature of occult poorly differentiated gastric carcinoma with duodenal and colonic involvement in a 67-year-old man who died two weeks after diagnosis.

KEY POINTS

- The patient presented with headache, vomiting, and unsteady gait; lumbar puncture showed findings suggestive of leptomeningeal carcinomatosis with cytology suspicious for malignancy.
- Initial thoracoabdominal-pelvic CT showed no lesions, but endoscopy revealed a poorly distensible hard stomach and duodenal lesions; histology confirmed poorly differentiated carcinoma of probable gastric origin positive for CK19 and CK7.
- Leptomeningeal carcinomatosis associated with gastric cancer is extremely rare, with a prevalence of 0.14-0.24% of patients, mostly described in undifferentiated and signet ring tumours.
- The case authors suggest clinicians should consider occult gastric tumour in the differential diagnosis of leptomeningeal carcinomatosis, even in early stages.
- This case report may be relevant to gastroenterologists and oncologists evaluating patients with unexplained neurological symptoms or leptomeningeal disease.

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