

PARIETAL CELL CARCINOMA- A RARE CAUSE OF GASTRIC MASS AND UPPER GASTROINTESTINAL BLEED

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Poster

Oesophagus

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A case report describes a 57-year-old male with parietal cell carcinoma presenting as gastric mass with melena, successfully treated with total gastrectomy and adjuvant chemoradiotherapy.

KEY POINTS

- The patient presented with upper abdominal pain, weakness for three months, and melena, with investigations revealing a 6 cm ulcerated mass in the proximal gastric body and microcytic hypochromic anaemia.
- Biopsy confirmed parietal cell carcinoma, showing glandular arrangement, abundant granular eosinophilic cytoplasm, and positive Pan-Cytokeratin immunohistochemistry.
- Treatment included total gastrectomy with distal pancreatectomy, splenectomy, roux-en-y esophagojejunostomy, and adjuvant chemoradiotherapy, with complete recovery.
- Parietal cell carcinoma is a rare gastric malignancy with 9:1 male preponderance, typically well to moderately differentiated, with rare metastasis and generally favourable prognosis.
- This case highlights that parietal cell carcinoma is rarely considered clinically and diagnosis invariably emerges on histopathology.

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