

中文題目：以表皮及黏膜乳突瘤為初步表現的胃癌

英文題目：An Uncommon Presentation of Diffused Type Gastric Cancer: Florid Papillomatosis

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### **Introduction:**

Florid papillomatosis (FP), also known as Schwartz-Burgess syndrome, is one of the paraneoplastic syndromes for malignant alimentary tract neoplasm.<sup>[1]</sup> Herein, we reported a case of advanced gastric adenocarcinoma with the initial presentation as FP.

### **Case presentation:**

A 30-year-old woman had asymptomatic, symmetric, and pigmented verrucous plaque over the bilateral nasal crease, perioral region, and oral mucosa for four months. (*Figure 1A*) She also reported mild abdominal fullness and body weight loss of more than fifteen kilograms in three months. She had undergone cryotherapy without improvement. Therefore, she visited our clinic.

We arranged the biopsy over the lesion in the perioral region and oral mucosa, suggesting Verruca Vulgaris and Squamous cell papilloma without evidence of human papillomavirus infection. Besides the main lesion over the face, we also found hyperpigmentation and hyperkeratosis over the skin folds of the trunk, anterior and posterior nuchal area, posterior auricular scalp, bilateral axillae, perineal, and inguinal region, and bilateral palmoplantar hyperkeratosis. (*Figure 2*) Paraneoplastic syndrome with florid papillomatosis (FP), acanthosis nigricans (AN), and palmoplantar keratoderma was impressed.

In suspicion of malignancy, we arranged the tests for tumor markers. Elevated squamous cell carcinoma (SCC) antigen, carbohydrate antigen (CA) 19-9, carcinoembryonic antigen (CEA), alpha-fetoprotein (AFP), and tissue polypeptide antigen (TPA) were reported. It indicated the potential neoplasm might exist in the genitourinary tract and alimentary tract. Therefore, we arranged abdominal computerized tomography, revealing right enhancing adnexal mass (4.4 cm) and wall thickening of the gastric body (7.1cm) with multiple lymphadenopathies in the mesentery, aortocaval, and bilateral common iliac regions. (*Figure 3*)

Esophagogastroscopy revealed a gastric ulcerative lesion with central depressive

necrosis. Pathological report for endoscopic biopsy confirmed poor-cohesive (signet ring) carcinoma. She was finally diagnosed with gastric adenocarcinoma with right ovarian metastasis, cT2N3M1 Stage IVB. Partial regression of facial papillomatosis was noted under the chemotherapy with oxaliplatin, capecitabine, and docetaxel.

*(Figure 1B)*

### **Discussion:**

According to the population-based study from World Health Organization, gastric cancer is in the top 3 of the most common cancer among 19 countries with more than 1 million new cases worldwide in 2020, with the highest incidence rate (60%) in Eastern Asia and 43.9% in China alone.<sup>[2]</sup> Although Taiwan, belonging to one of the countries in Eastern Asia, had a lower prevalence of gastric cancers, it attributed to more mortality cases compared with other malignant tumors.<sup>[3]</sup> To improve the survival of gastric cancer, early diagnosis is the key to success.<sup>[4][5]</sup>

It is always difficult for physicians to recognize early gastric cancer because most individuals are asymptomatic in the early stage.<sup>[6]</sup> However, dermatological paraneoplastic syndromes may provide a hint for further investigation.<sup>[1]</sup> Florid papillomatosis (FP), as the first manifestation in our patient, was defined as the abrupt occurrence of multiple cutaneous papillomas. Due to the verruca-like appearance, it is hard to be differentiated from viral warts based on inspection and pathological findings. However, the feature of sudden eruption and coexistence with other paraneoplastic signs may be distinct for malignancy-related FP.<sup>[1]</sup> In our patient, we regarded FP as a clue to the undiscovered malignancy and further noticed acanthosis nigricans (AN) and palmoplantar keratoderma through the complete physical exam. Without the awareness of these paraneoplastic syndromes, she may not get the correct diagnosis within four months.

### **Conclusion:**

This case emphasizes the diagnostic challenge between benign lesions and paraneoplastic syndromes with underlying malignancy. To improve the prognosis of gastric cancer by early diagnosis, we should pay more attention to these malignant-related dermatological presentations in our clinical practice.



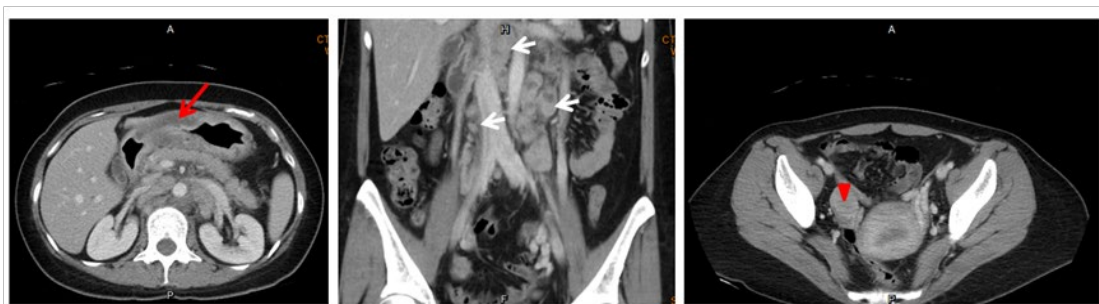
**Figure 1 Florid papillomatosis**

Asymptomatic, symmetric, and pigmented verrucous plaque was noted over the bilateral nasal crease, perioral region, and oral mucosa for four months. (A) Partial regression was noted under the chemotherapy after one month (B)



**Figure 2 Acanthosis nigricans**

Hyperpigmentation and hyperkeratosis over the skin folds of the trunk were noted.



**Figure 3 Suspected gastric cancer with multiple lymphadenopathy and right ovarian metastasis**

Abdominal computerized tomography showed wall thickening of the gastric body (Red arrow) with enhancing soft tissue lesions in the mesentery, aortocaval, and bilateral common iliac regions (White arrow) and right adnexal mass. (Red arrowhead)

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