When Feeling Full Should Make You Worried
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INTRODUCTION
• Symptoms such as abdominal pain, generalized fatigue, weight loss, and bloody stools, while vague, are often the first indication of serious underlying malignancy.
• We present an interesting case of incidentally found undifferentiated gastric carcinoma with focal neuroendocrine differentiation and regional metastasis.

CASE REPORT
• 72-year-old African American male with history of peptic ulcer disease, chronic anemia, and hypertension presented to the ED with generalized achiness, discomfort, and fatigue.
• His wife reports progressive decline over several months with increased forgetfulness, 50lbs weight loss, and both urinary and fecal incontinence.
• Patient has no complaints except back pain and early satiety, with no bloody stools.
• Patient was previously hospitalized in 2019 for abdominal pain, with imaging notable for possible peptic ulcer disease.
• Did not follow up admission with endoscopy.
• On exam, patient was found to be hypotensive with a LUQ mass and positive guaiac test, with labs significant for hematocrit of 5.7, hemoglobin of 17.6.
• Primary concern in ED is for perforation.

PATHOLOGY
Panel A: Gross image of tumor post-resection
Panel B: Low power image of primary tumor
Panel C: High power image demonstrating mitotic changes consistent with malignancy
Panel D: Low power image demonstrating lymphatic invasion of malignancy

DISCUSSION
• Abdominal pain, when combined with chronic fatigue, weight loss, and melena, is concerning for abdominal malignancy.
• Differential diagnosis in this case included adenocarcinoma, primary gastric lymphoma, gastrointestinal stromal tumor, and gastric neuroendocrine tumor.
• Surgical resection is commonly performed for all eligible growths, though treatment often includes chemotherapy with or without radiation.
• Long term prognosis predicted primarily by lymph node metastasis, though age, tumor size, and depth of invasion will also play a role.