A case of spontaneous regression of advanced gastric cancer

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A 84 year-old male with a history of nausea and vomiting for 3 weeks was admitted. Upper gastrointestinal endoscopy showed 10 x 5 cm sized diffuse edematous mucosal change from cardia just below gastro-esophageal junction to lower body. Abdominal computerized tomography revealed diffuse irregular wall thickening and mucosal enhancement from cardia to lower body, perigastric infiltration and no evidence of lymph node enlargement or distant metastasis. Pathology showed poorly differentiated adenocarcinoma. Finally we diagnosed advanced gastric cancer, Borrmann type IV, stage II (T3N0M0) and planned surgical resection. But patient refused surgical resection and chemotherapy in private then discharged. Six months later he revisited our hospital with relieved symptom for follow-up. Upper gastrointestinal endoscopy showed normal mucosa from cardia to lower body. Abdominal computerized tomography revealed decreased wall thickening and decreased sized area limited to lesser curvature side and posterior wall side of lower body in comparison with 6 months ago. Pathology showed no evidence of malignancy. The patient is alive without any digestive symptom for 14 months. We have recently experienced spontaneous regression of advanced gastric cancer, Borrmann type IV. So we report the case along with a review of the related literatures.

Case of melanosis Ilei induced by long-standing charcoal ingestion

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Melanosis ilei is a disease that black or dark brown color pigment was deposited in a mucosa of the terminal ileum. A melanosis developed in gastrointestinal tract is the common in the large intestine, but rarely reported in a ileum, duodenum and esophagus. Causal materials to induce the melanosis is different according to gastrointestinal tract organ, that is, a melanosis coli contain the lipofuscin, a melanosis duodeni contain iron sulfide and a melanosis ilei is composured aluminum, magnesium, silicon, etc. At present, the mechanism of the melanosis ilei has been advocated that causual Materials enters in the body by inhalation of the air dust and by ingestion of the oral route, and then the melanosis is induced by deposition of pigment by phagocytosis of macrophage around the Peyer's patches. A edibility charcoal has been used because it is known to be effective in the patients who has the symptoms of chronic abdominal pain and diarrhea by folk remedies. We experienced one case of the melanosis ilei discovered incidentally by colonoscopy in the patient ingested edibility charcoal 10 g/day during 3 years. By electron microscopy, we confirmed the pigmentation of electron dense material at microvilli and cytoplasm of epithelial cell. We had followed up for 2 years ago after discontinuing charcoal ingestion but pigmentation was observed continuously. Therefore, authors think it is required futher study for mechanism, continuity, disappearance and treaentment of the melanosis ilei.