

REFERENCES

1. Ringley C, Bochkarev V, Oleynikov D. Esophageal duplication cyst--a guest case in robotic and computer-assisted surgery from the University of Nebraska Medical Center. *MedGenMed* 2006; 8: 25.
2. Dujon A, Carnot F, Riquet M, Debesse B. 6 para-esophageal cysts. Discussion on their origins. *Ann Radiol (Paris)* 1991; 34: 261-6.
3. Neumann J, Atkins DJ, Zirngibl H. Esophageal cyst--a rare cause of backache. *Zentralbl Chir* 1998; 123: 1175-9.
4. Lee MY, Jensen E, Kwak S, Larson RA. Metastatic adenocarcinoma arising in a congenital foregut cyst of the esophagus: a case report with review of the literature. *Am J Clin Oncol* 1998; 21: 64-6.
5. Singh K, Naik R. Esophageal cyst--a case report. *Indian J Pathol Microbiol* 2006; 49: 396-7.

İlgin KARAMAN¹, Duygu GÜREL¹, Mehtat ÜNLÜ¹,
Erkan YILMAZ², Volkan KARAÇAM³,
Aydanur KARGI¹

Departments of ¹Pathology, ²Radiology, ³Thoracic Surgery,
Dokuz Eylül University Faculty of Medicine, İzmir

Femoral muscle metastasis from gastric carcinoma

Mide kanserinin femoral kasa metastazı

To the Editor,

The incidence of skeletal metastasis from gastric cancer ranges from 0.8-17.5% (1,2). We report a patient with intramuscular metastasis to his left thigh diagnosed 24 months after gastrectomy for a T3N1 adenocarcinoma of the stomach. Magnetic resonance imaging (MRI) revealed a soft tissue mass in the upper third of his left thigh, for which he was operated twice and complete resection was achieved. The biopsy showed metastasis from the gastric adenocarcinoma. Subsequently, the patient underwent irradiation. The patient lived for 30 months after the completion of radiation therapy for the metastasis, and his overall survival was 47 months. In this report, the metastatic pattern of gastric carcinoma was unusual, as it was not developed in the liver and lung but in skeletal muscles.

Radiographic evaluation of the mass often provides valid information on intramuscular metastatic tumors. In MRI, metastatic lesions are usually of low signal intensity on T1- weighted images and high signal intensity on T2-weighted images (3,4). In this case, sagittal T2-weighted images depicted the involved muscles of the left thigh with long T2 values and diffuse swelling. Axial T2-weighted

images were useful for separation of the involved from the uninvolved muscles (Figure 1).



Figure 1. T2-weighted coronal image with fat saturation. The mass is well defined and shows a heterogeneous signal intensity. Peritumoral enhancement is characteristic. Edema of the surrounding tissues is seen.

Address for correspondence: John R. KOUVARIS
Areteaio University Hospital, Vas. Sofias 76 Athens
11528 Greece
Phone: +302 107 28 62 63 • Fax: +302 107 220 253
E-mail: pg10279@yahoo.gr

Manuscript received: 20.04.2011 **Accepted:** 25.04.2011

doi: 10.4318/tjg.2012.0394

There is a lack of clear guidance regarding the clinical management of such patients, as the optimal treatment of intramuscular metastasis is not known. Excision of the painful mass will not only relieve pain, but it may also prolong the patient's survival (5), especially in those with solitary metastasis after a long disease-free interval and if the primary tumor is under control, as in our patient.

The use of chemotherapy has been studied, but its role is still controversial due to different therapeutic results. Most of the patients received 5-fluorouracil (5-FU) alone or with combinations of regimens (2,4,6,7). Our patient did not receive chemot-

herapy for the muscle metastasis.

As far as the radiotherapy is concerned, some reports mentioned effective control of the pain and the size of metastatic lesions (2,5,6). The radiotherapy dose was often decided on according to the location and depth of this type of metastatic lesion (5). Our patient took the highest dose of radiation therapy, and his pain was relieved and the mass was shrunk.

Our patient had the longest survival after the diagnosis of the muscular metastasis, which was 30 months. He underwent wide excision and received high doses of radiation therapy.

REFERENCES

1. Narvaez JA, Narvaez J, Clavaguera MT, et al. Bone and skeletal muscle metastases from gastric adenocarcinoma: unusual radiographic, CT and scintigraphic features. *Eur Radiol* 1998; 8: 1366-9.
2. Bese NS, Orzuzoglou M, Dervisoglou S, et al. Skeletal muscle: an unusual site of distant metastasis in gastric carcinoma. *Radiat Med* 2006; 24: 150-3.
3. Oba K, Ito T, Nakatani C, et al. An elderly patient with gastric carcinoma developing multiple metastasis in skeletal muscle. *J Nippon Med Sch* 2001; 68: 271-4.
4. Kondo S, Onodera H, Kan S, et al. Intramuscular metastasis from gastric cancer. *Gastric Cancer* 2002; 5: 107-11.
5. Tuoheti Y, Okada K, Osanai T, et al. Skeletal muscle metastases of carcinoma: a clinicopathological study of 12 cases. *Jpn J Clin Oncol* 2004; 34: 210-4.
6. Rosenbaum LH, Nicholas JJ, Slasky BS, et al. Malignant myositis ossificans: occult gastric carcinoma presenting as an acute rheumatic disorder. *Am Rheum Dis* 1984; 43: 95-7.
7. Porile JL, Olopade OI, Hoffman PC. Gastric adenocarcinoma presenting with soft tissue masses. *Am J Gastroenterol* 1990; 85: 76-7.

Pinelopi V. GOGOU¹, Andreas POLYDOROU², Xenophon N. PAPACHARALAMPOUS³, Agatha KONDI-PAPHITI⁵, Myrsini J. BALAFOUTA¹, Constantinos S. GENNATAS⁴, John R. KOUVARIS¹

Departments of ¹Radiation-Oncology, ²Surgery, ³Radiology, ⁴Medical Oncology and ⁵Pathology, Aretaeio University Hospital, Athens, Greece

Isolated left supraclavicular hydatid cyst mimicking Virchow's node

Virchow nodülünü taklit eden izole sol supraklavikular kist hidatik

To the Editor,

Hydatidosis has been known since Hippocrates, and hydatid disease, also called echinococcosis, is caused by the tapeworm *Echinococcus granulosus*

(1). The disease is still endemic in many locations, such as the Middle East, Eastern Europe, South America, Australia, and South Africa (2).

Address for correspondence: Uğur DUMAN
Kilis State Hospital, Department of General Surgery,
Kilis, Turkey
E-mail: drugurduman@yahoo.com

Manuscript received: 28.05.2011 Accepted: 08.11.2011

doi: 10.4318/tjg.2012.0447