

fast bacilli. Antituberculous treatment with rifampicin, isoniazid, ethambutol, and pyrazinamide was started, and the patient was instructed to follow up with the gastroenterology outpatient clinic. Three months after the start of treatment, the patient was free of dysphagia and a decrease in the size of the ulcer was observed on endoscopy.

Endosonography (EUS) is a diagnostic and therapeutic tool evolving into a technology with major clinical impact on gastroenterology in recent years. EUS elastography is an imaging procedure used for the visualization of tissue elasticity during

EUS examinations (4). EUS is useful in evaluating the depth of ulcers and findings of malignancy in the esophagus. Lymphadenopathy associated with ulcers can also be examined and biopsied at the same time. Elastography is useful for the differentiation of malignant and benign lymph nodes.

EUS with elastography may clarify ambiguity in the diagnosis of an esophageal ulcer and add valuable clues for the diagnosis of esophageal tuberculosis in patients having conventional diagnostic methods for suspected esophageal tuberculosis.

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# An unusual simultaneous occurrence of gastric adenocarcinoma, leiomyoma and B-cell small lymphocytic lymphoma involving the perigastric lymph nodes and spleen

*Aynı anda perigastrik lenf nodları ve dalakta KLL / SLL infiltrasyonu bulunduran gastrik adenokarsinomlu nadir bir olgu*

## INTRODUCTION

Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) is a low-grade, indolent, systemic neoplasm of monomorphic small, round, B- lymphocytes in the peripheral blood, bone marrow and lymph nodes (1). This disease exhibits a

variety of immunologic impairments that might increase the risk of second malignancy (1, 2). In fact, there is evidence that the risk of development of non-hematologic malignancies is increased in patients with CLL/SLL, compared with that of the

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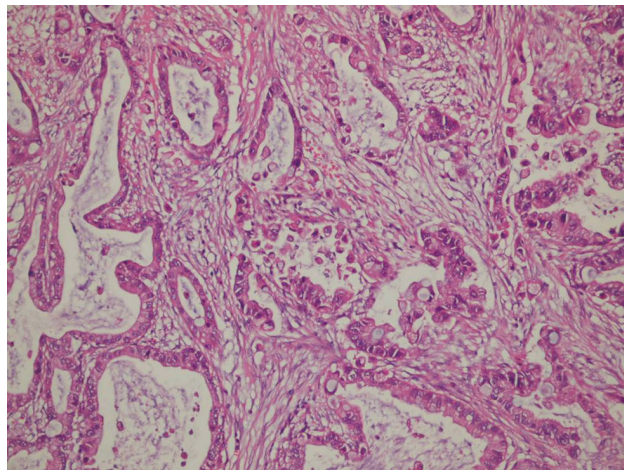
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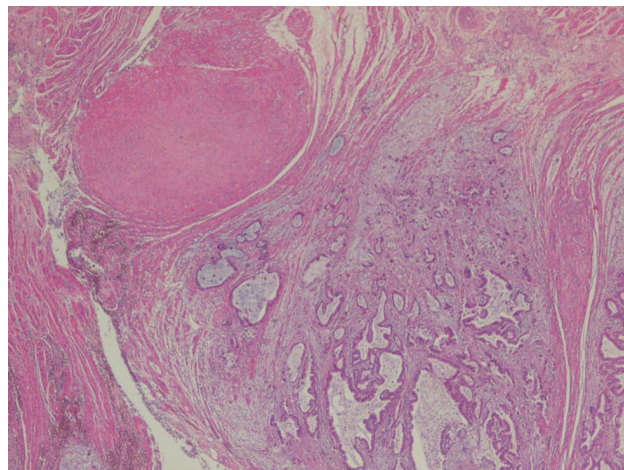
general population. There have also been reports that more aggressive forms of cancers can be observed in the CLL/SLL patients (3-5). We present here a rare case of a simultaneous occurrence of adenocarcinoma of the gastric cardia, submucosal leiomyoma, and CLL/SLL involving the perigastric lymph nodes and spleen.

## CASE

A 78 year-old man underwent total gastrectomy, omentectomy and splenectomy due to an advanced gastric cardia tumor. Macroscopically, the cardiac tumor was 2,7 cm in greatest dimension. There were multiple metastatic nodules in the omentum and hilar region of the spleen. Microscopically, the tumor was composed of mucin-producing, atypical, glandular and cribriform structures infiltrating the cardiac serosa (Figure 1). Non-tumoral antral mucosa showed hyperplastic polyps plus a minute, submucosal



**Figure 1.** Gastric adenocarcinoma (H&E x400)

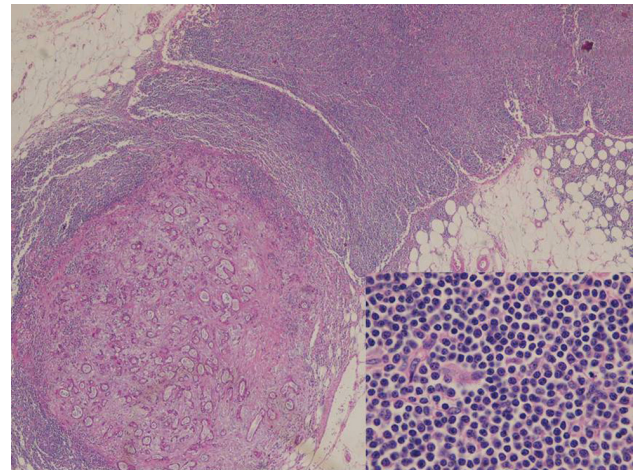


**Figure 2.** Submucosal spindle cell tumor in the vicinity of carcinoma (H&E x200)

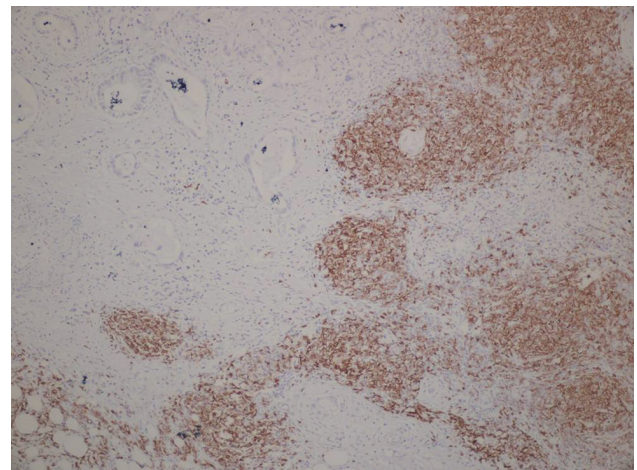
spindle cell tumor that was 5 mm in diameter (Figure 2). Six perigastric lymph nodes and splenic hilar lymph nodes revealed metastasis of adenocarcinoma whereas other nodes and the white pulp of the spleen were diffusely infiltrated by uniform, small, atypical lymphoid cells. One of the lymph nodes showed infiltration of the atypical lymphoid cells and metastasis of adenocarcinoma simultaneously (Figure 3). Immunohistochemically, atypical lymphoid cells were strongly positive for CD20, CD5, CD23, and Bcl-2 (Figure 4). The submucosal spindle cell tumor showed SMA, h-caldesmon, and desmin positivity consistent with leiomyoma (Figure 5).

## CONCLUSION

The frequency of second tumors in patients with leukemia (primarily chronic lymphocytic leukemia) was four times higher than in patients with tumors of epithelial origin (2, 3, 6). Second malign-



**Figure 3.** Lymph node showing the infiltration of atypical lymphoid cells and metastasis of carcinoma (H&E x200 and 400)



**Figure 4.** CD20 expression of atypical lymphoid cells (H&E x200)



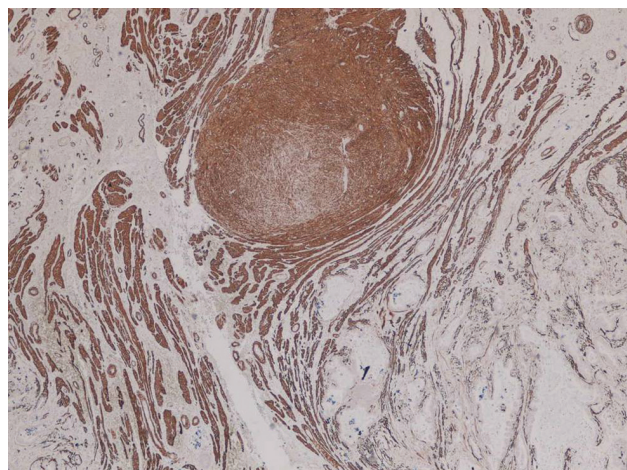


Figure 5. SMA expression of spindle cell tumor (H&E x200)

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## Acute gastric volvulus presenting with gastric outlet obstruction and upper gastrointestinal bleeding

*Mide çıkışı tıkanıklığı ve üst gastrointestinal kanama ile başvuran akut gastrik volvulus*

To the Editor,

Acute gastric volvulus is a rare disease that requires a high index of suspicion for diagnosis and rapid treatment (1,2). Many cases occur with a para-

esophageal hernia (3). It is potentially life threatening because delayed diagnosis and treatment may lead to infarction, perforation, and death

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