

aortic arch is an aberrant right subclavian artery, which occurs in 0.5% to 1.8% of the population and it is commonly referred to as 'dysphagia lusoria' and was first reported in 1794 by Bayford (2,3).

To our knowledge, there has also been no report in the literature about mild hypoxemia caused by food impaction in the esophagus, as seen in this case. Because of the patient's psychiatric disorder, the discomfort caused by the impacted food may have resulted in the hypoxemia, but the physical examination at presentation revealed no inhalation problems and the thoracic CT showed no external compression of the airway tract.

In some cases, asymptomatic arteria lusoria is discovered incidentally during investigations for other complaints or in the clinic during the work-up

for clinical states such as dysphagia. In our case, the previously asymptomatic arteria lusoria became symptomatic after the patient ingested an object inherently difficult to swallow.

Early removal of food impacted in the esophagus is recommended (4). We preferred immediate endoscopic intervention as a therapeutic approach in this case to remove the impacted food as soon as possible. After its removal, no erosion or pathological lesions in the esophagus or any sign of external compression caused by arteria lusoria was seen with endoscopic examination.

This case reminds us that caution should be taken when examining patients with psychological disorders and their history should be investigated carefully.

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Upper gastrointestinal bleeding as an initial manifestation of metastasis secondary to choriocarcinoma

Koryokarsinom metastazına bağlı olarak ortaya çıkan üst gastrointestinal kanama vakası

To the Editor,

Testicular choriocarcinoma, as a rare nonseminomatous germ cell tumor, is a rapidly growing and aggressive tumor of young males. As an aggressive

feature, metastatic situation is present in nearly half of patients at the time of diagnosis (1). In this rare tumor, frequent metastatic sites include

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brain, lung, liver, bones, and lymph nodes (2). Metastasis of stomach, however, is extremely rare (3,4). We report here an unusual case of metastatic choriocarcinoma with gastric-body involvement presenting as upper gastrointestinal bleeding.

A 20-year-old male presented to the hematology department, complaining of weakness, pale appearance, palpitation, and exertional dyspnea over the past two weeks. He was hospitalized for severe anemia with hemoglobin level of 3.15 g/dL and platelet count of $688 \times 10^3/\text{mL}$. His fecal occult blood test was positive. He denied hematemesis, hematochezia, hematuria, and trauma as well as any chest pain or cough. His past medical history was negative. On physical examination, the vital signs showed a temperature of 37°C , heart rate of 114 beats/min, and a respiratory rate of 24 breaths/minute, a blood pressure of 100/65 mmHg, and an oxygen saturation of 93% in room air. He looked very pale. Cardiovascular exam revealed tachycardia. Pulmonary and abdominal examinations were within normal limits. Frank blood was noted on rectal digital examination. Laboratory data showed a normal white cell count. After blood transfusions in the gastroenterology department, hemoglobin level rose to 6.61 g/dL with mild thrombocytosis. Then the patient underwent upper gastrointestinal endoscopy revealing an actively oozing blood around an exophytic mass of 4 cm in diameter with a big organized thrombus on the greater curvature of the gastric body (Figure 1-2). Hemostasis was achieved with epinephrine injections. The patient was transferred to intermediate intensive care unit. On the next day, endoscopic examination was reapplied revealing that the lesion continued to ooze blood in the presence of adherent clot. Epinephrine injections stopped the bleeding again. Because of fragility and bleeding, no biopsies were obtained. In the next week, however, the patient was transported to general surgery department because of ongoing bleeding. The patient underwent total gastrectomy and esophagojejunostomy, because of neoplastic cells found intraoperatively in the histological examination of frozen sections. Histopathology revealed that the gastric lesion as metastasis of testicular choriocarcinoma (Figure 3-5). Urologic consultation disclosed a testicular tumor confirmed by scrotal ultrasonography. The chest tomography showed multiple rounded pulmonary metastatic lesions with different sizes and he transported to medical oncology department for chemotherapy. A few days later, sud-

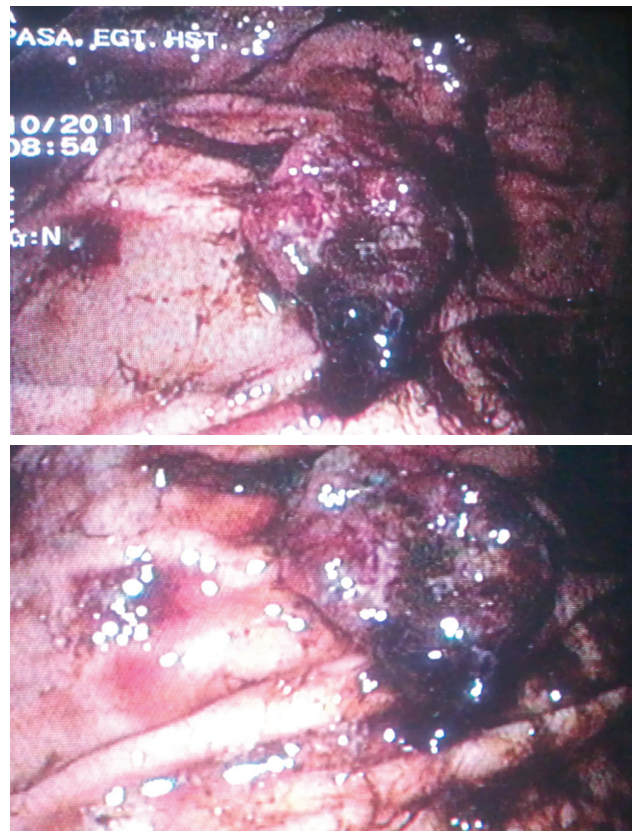


Figure 1, 2. An actively bleeding exophytic 4x5 cm mass with organized thrombus on the greater curvature of the gastric body.

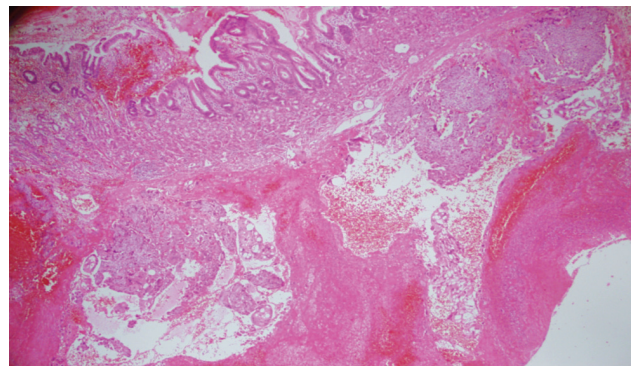


Figure 3. Metastatic choriocarcinoma located in the submucosal region, HE(X40).

den right eye exophytic deviation was occurred. Brain tomography displayed different sized, multiple haemorrhagic metastasis with edema. He died soon because of respiratory insufficiency.

Non-seminomatous germ cell tumors are extremely aggressive malignancies of the testis. Choriocarcinoma is comparatively uncommon among the different components of non-seminomatous germ cell tumors, including, embryonal carcino-

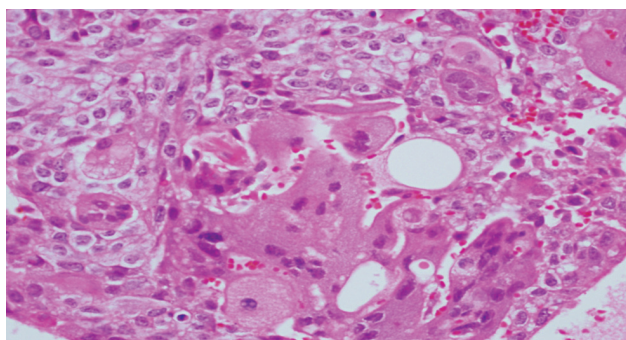


Figure 4. Malignant tumor composed of multinuclear syncytiotrophoblastic cells and mononuclear cytotrophoblastic cells, HE (X400).

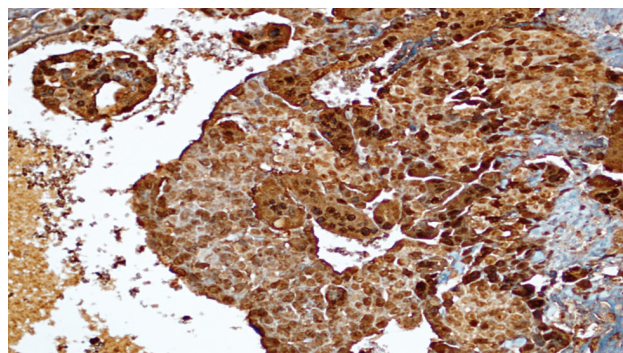


Figure 5. Diffuse cytoplasmic Beta-hCG expression in tumor cells, immunoperoxidase staining (X200).

ma, yolk sac tumor and teratoma. Nearly 8% of the testicular germ cell tumors include a choriocarcinoma component, and absolute choriocarcinoma accounts for only 0.3% of all the primary testicular germ cell tumors (5).

Choriocarcinomas are the most aggressive and rapidly arising germ cell tumours. It generally arises as gestational choriocarcinoma, from foetal trophoblasts of a previous hydatidiform mole pregnancy. Infrequently, it develops from germ cells in the testis or ovary. Choriocarcinoma is classified as pure choriocarcinoma, which contains only syncytiotrophoblastic and cytotrophoblastic components, and mixed germ cell tumour, which contains choriocarcinoma as one of the components.

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