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Plexiform fibromyxoma, a rare mesenchymal gastric tumor

Fibromixoma plexiforme, un tumor gástrico mesenquimal poco frecuente

Plexiform angiomyxoid myofibroblastic tumor, also known as plexiform fibromyxoma, is a novel rare entity of gastric mesenchymal tumors, typical of gastric antrum, and commonly causing mucosal ulceration with upper gastrointestinal bleeding and anemia, and effectively treated by complete surgical resection usually accomplished by distal gastrectomy.

We report one recent patient from our center meeting clinical and histopathologic criteria compatible with plexiform fibromyxoma.

A 37-year-old male patient with no history of interest was admitted with upper gastrointestinal bleeding with hemodynamic instability. A total of three esophago-gastroduodenoscopies were performed and we could observe a five centimeter-violaceous lesion with antral location. At first it seemed like a blood clot, but later it was checked a greater consistency which was different than a blood clot and more similar to an antral vascular neoformation (Fig. 1)

Abdominal ultrasonography and abdominal contrast-enhanced computed tomography reported an irregular rounded heterogeneous lesion in gastric antrum and acute bleeding areas suggestive of hematoma, with a size of $5.8 \times 4 \times 5$ cm. However they could not check an underlying lesion or associated thickened gastric wall. After a new episode of hemodynamic instability, the patient underwent emergency surgical intervention with an antrectomy (Fig. 2). Postoperative period was uneventful and the patient was discharged on postoperative day 9.

Histopathological examination revealed partial dense collagenous matrices and networks of fine capillary-caliber blood vessels. The tumor demonstrated lobular or fused nodular growth of spindle cells without atypical cytology, with abundant alcian blue-positive myxoid extracellular matrix. Hematoxylin and eosin staining showed lobulated or fused multinodular growth. Immunohistochemically it demonstrated an expression of muscle specific actin, desmin, and immunoexpression of CD10, and it was negative for CD31, CD34, VIII Factor, S100, Ckit, DOG1, HHV8, ALK, MDM2, CD23.

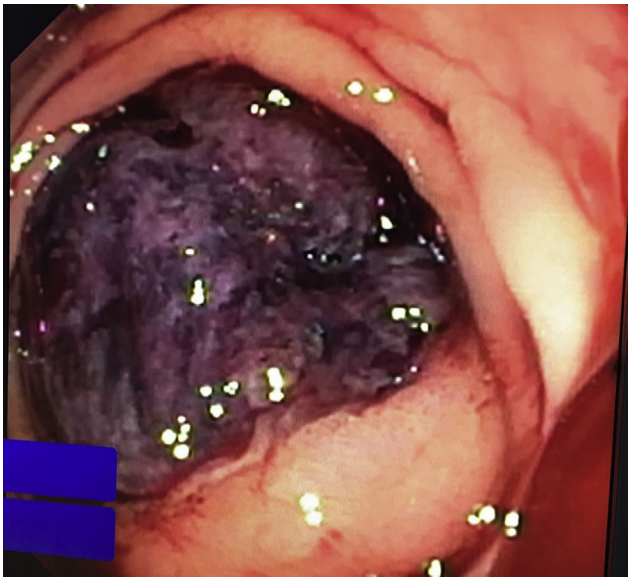

Figure 1 Endoscopic antral lesion.

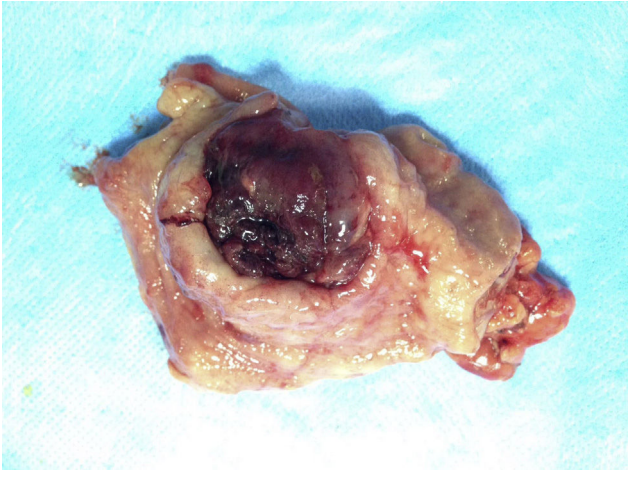

Figure 2 Surgical piece.

This pathological anatomy revealed a case of gastric plexiform fibromyxoma, an angio-myxoid plexiform myofibroblastic tumor which is a benign tumor that has recently been defined as a multinodular myxoid tumor with a peculiar plexiform growth pattern, myxoid stroma, prominent vasculature, and spindle cells with myofibroblastic differentiation.

This type of tumor was recently characterized by Takahashi et al.[1] and Miettinen et al.,[2] and 60 cases of plexiform fibromyxoma including the present case have been reported so far.[3] According to previous reports, this tumor can occur at any age range, 7–75 years, typically middle age, and has a roughly equal gender distribution. The clinical presentation is generally similar to that of GISTs, with hematemesis being the most common symptom.[4] In some rare cases, pyloric obstruction with weight loss may be noted. This tumor is predicted to exhibit benign biological behavior and there have been no reported cases of local recurrence or distant metastases after resection with a margin of normal tissue.

In conclusion, the current article reports a case of plexiform fibromyxoma, a rare mesenchymal gastric neoplasm that requires distinction from the others gastric mesenchymal tumors. Because of this, it is very important we know its symptoms, endoscopic and radiological images and its immunohistochemical in order to make an better diagnosis and treatment.

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Anti-ammonia treatment-responsive myoclonus as initial presentation of acquired hepatocerebral degeneration

Mioclono que respondió al tratamiento antiamonio como presentación inicial de la degeneración hepatocerebral adquirida

Acquired hepatocerebral degeneration (AHD) is an often debilitating neurological disorder characterized by a variety of movement disorders in the setting of chronic liver disease (CLD) and portosystemic shunt. AHD was first described by van Woerkem in 1914.[1] Cirrhosis-related parkinsonism is the core manifestation in AHD and has been described to have a prevalence of 4.2%.[2] Reports of myoclonus in patients with AHD are scarce[3] and they always present along with other clinical manifestations, most often parkinsonism and cerebellar signs. Liver transplantation is presently the only therapeutic option that has been shown to ameliorate and even reverse neurological deterioration.[4] Here, we describe the case of a 57-year-old woman with an unusual presentation of AHD who responded well to treatment with anti-ammonia therapy.

A 57-year-old woman was admitted to the emergency department because of altered mental status and abnormal upper-limbs movements. She had a history of primary biliary cirrhosis and reported no alcohol consumption. Viral markers for HIV, hepatitis B and C were all negative. She also had a history of esophageal varices and had a previous diagnosis of splenorenal shunt, which was detected by a contrast-enhanced abdominal computed tomography scan. Her regular medication included propranolol and ursodeoxycholic acid. In the past she has had several episodes of acute hepatic encephalopathy (AHE); these episodes have been successfully treated, in the outpatient setting, with oral L-ornithine-L-aspartate (LOLA) and oral lactulose.

On admission our patient had an altered mental status. On physical exam, there was no jaundice, telangiectases, ascites, superficial collateral abdominal veins or hepatosplenomegaly. She had sudden, brief, shock-like jerks of her upper limbs consistent with myoclonus. Hyperreflexia was also found in the same limbs, and Babinski sign was elicited bilaterally. Kayser–Fleischer rings were not seen on ophthalmologic examination. She initially received lactose enemas as treatment for AHE, with improvement