A Case Report of Advanced Gastric Cancer with “Russel Body” Gastritis

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A rare gastric mucosal lesion histologically consisting of a localized accumulation of Russel bodies and Russel body-containing plasma cells, the so-called Mott cells, has been recognized only recently and termed as “Russell body gastritis”. This lesion, Despite its densely monomorphous appearance is easily confirmed to be non-neoplastic by it’s polyclonal immunoreactive pattern to immunoglobulin light chains. However, the etiology of Russell body gastritis is controversial and hence the optimal treatment for this disease has not been established. Our case was a 74-year-old male who presented at the gastroenterology with nausea and vomiting. He had recurrent vomiting that contains undigested food particles. Upper gastroendoscopic examination showed infiltrating mass at pylorus and narrowing of pylorus, The gastric mucosal biopsy specimen showed finding of moderate differentiated ulcerating adenocarcinoma, There are accumulation of plasma cells with abundant Russel bodies in the lamina propria, Immunohistochemical staining showed the plasma cells to CD79a(+), Kappa(+), Lambda(−). Pathology diagnosis was “Russel body” gastritis. Cancer stage was T3N2MO and He refused operation and chemotherapy. We performed pyloric stent (SEMS, Comvi) insertion. After stent insertion, nausea and vomiting was improved, We report here a case of advanced gastric cancer with “Russel body” gastritis.

Key Words: Ectopic pancreas, Gastric adenocarcinoma, Gastric outlet obstruction