



Perforation of gastric metastasis during chemotherapy with ramucirumab

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A B S T R A C T

A 59-year-old man received fifth line chemotherapy with ramucirumab and protein-bound paclitaxel for gastric metastasis from esophagogastric junction cancer. On day 3 of the third course, he had severe chest pain and a high fever. Esophagogastroduodenoscopy revealed gastric perforation at the point of the metastatic lesion.

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A R T I C L E I N F O

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A 59-year-old man received chemotherapy for postoperative recurrence of esophagogastric junction cancer, with controlled disease progression for 1 year. After the fourth line chemotherapy, esophagogastroduodenoscopy revealed a submucosal tumor-like elevated mass with redness, approximately 20 mm in diameter, on the posterior wall of the upper gastric body of the gastric tube (*Image A*). Using a biopsy, gastric metastasis from the primary esophagogastric junction cancer was confirmed. After the diagnosis, he received fifth line chemotherapy with ramucirumab and protein-bound paclitaxel. On day 3 of the third course, he suddenly experienced severe chest pain and a high fever. Esophagogastroduodenoscopy revealed gastric perforation at

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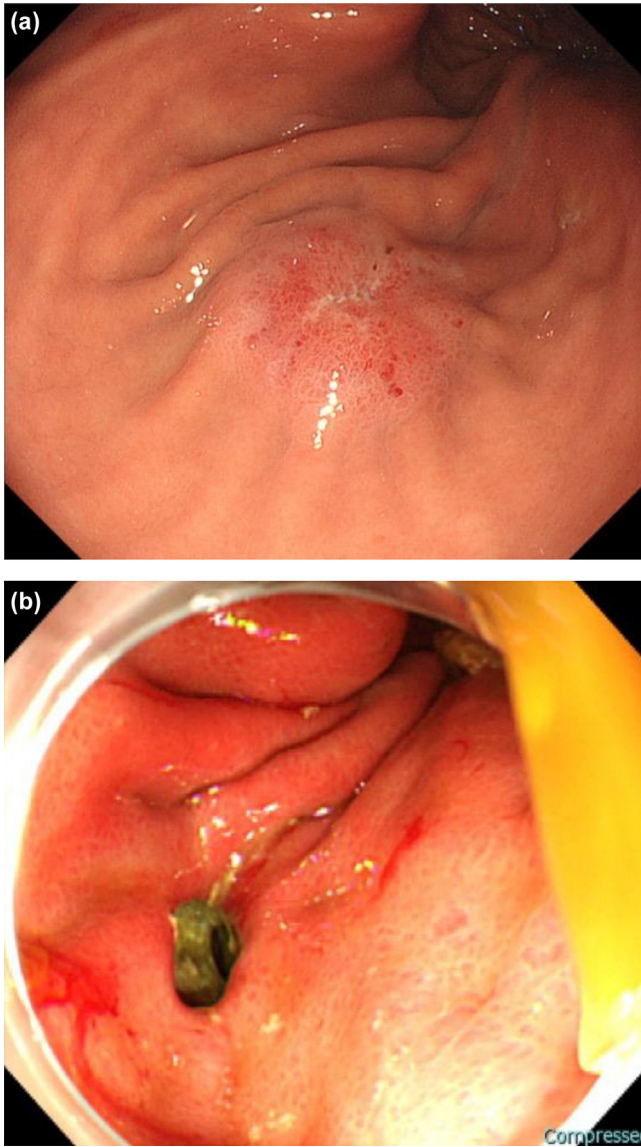


Image. (A) Gastric metastasis. (B) Perforation of gastric metastasis.

the point of the metastatic lesion ([Image B](#)). Emergency surgery was difficult considering his systemic condition; thus, endoscopic closure and thoracic drainage was performed. However, his general condition worsened gradually, and he died on day 56 after perforation.

Authors' contributions

Dr MK designed and drafted the manuscript. Dr MK and Dr HK were responsible for diagnosis. Dr HK and Dr HO supervised the manuscript preparation. All authors approved the final manuscript.