

Case Report: A 69 - Year - Old Women with Stomach Cancer

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1. Background

Stomach cancer, also called gastric cancer, a disease characterized by abnormal growth of cells in the stomach. Ninety-five percent of malignant stomach cancers develop from epithelial cells lining the stomach. These tumours are called adenocarcinomas. Gastric cancer is a disease in which cancer cells form in the lining of the stomach.

2. Case Presentation

Patient was 69 yr old lady admitted in June 2013 with diagnosis of carcinoma of stomach. Histopathology report showed - Adenocarcinoma with well differentiated type. There was past medical history of loss of appetite due to

which there was loss of weight - 3 to 4 kg since three months but there is no history of abdomen pain, loose stools, vomiting, fever, cold, throat pain and there was no family history of stomach cancer. She never smoked and didn't drink alcohol.

3. Investigation

On examination, patient blood pressure was 120/80, pulse was 82 beats per minute and her respiratory rate was 20 times per minute, temperature was a febrile and the body mass index was 15 kg/m². Result of complete blood count was not normal.

4. Biochemical Parameters

Parameter	Result	Normal Range
Haemoglobin	10.3 gm/dl *	11.5 – 14.5
WBC	5.9 thousands/cumm	4 – 11
RBC	4.0 millions/cmm *	4.5 – 5.5
Platelet count	242 thousands/cumm	150 – 450
Polymorph	54 %	40 – 75
Lymphocyte	33 %	20 – 45
Monocyte	7 %	2 – 10
Eosinophil	6 %	1 – 6
Basophil	0 %	0 – 1
Packed cell volume	34 %	36 – 46
Serum alkaline phosphatase	71 U/L	30 – 120
Serum bilirubin total	0.38 mg/dl	0.2 – 1.2
S. bilirubin direct	0.06 mg/dl	0.0 – 0.4
S. bilirubin indirect	0.32 mg/dl	0.1 – 1.0
S. Total protein	4.8 g/dl *	6.0 – 8.5
S. Albumin	2.3 g/dl *	3.5 – 5.2
S. Globulin	2.5 g/dl	2.0 – 4.0
A/G Ratio	0.9	0.8-2.0
S. SGPT	25 U/L	5 – 40
S. SGOT	8 U/L	5 – 45
S. Gamma GT	7* U/L	10 – 45
S. Urea	19 mg/dl	15 – 45
S. Creatinine	0.81 mg/dl	0.81 – 1.44
S. Sodium	139 mmol/L	135 – 145
S. Potassium	4.6 mmol/L	3.5 – 5.5
S. Bicarbonate	25	22 – 29
Plasma glucose	116 mg/dl	70 – 140
T3	3.87 pg/ml	2.5 – 3.9
T4	0.79 ng/dl	0.61 – 1.12
TS4	2.56 IU/ml	0.34 – 5.6

5. Management

After thorough pre-operation evaluation, next day patient underwent total gastrectomy with Roux-en-Y esophagojejunostomy. Patient was shifted to SICU after surgery. Patient developed sepsis with thrombocytopenia and coagulopathy for which she was treated. The antibiotics were escalated according to the blood culture and sensitivity reports.

6. Medication History

<i>Medicine</i>	<i>Dose</i>	<i>Frequency</i>	<i>Purpose</i>
Inj.Emeset	4 mg	SOS	Prevent nausea and vomiting
Inj.Pantodac	40 mg	1-1-1-1	Antacid
Inj.Supracef	1 gm	1-0-1	Antibiotic
Inj.Metrogyl	500 mg	1-0-1	Antibiotic
Budecort Nebulisation	0.15 mg	1-0-1	Bronchodilator
Duolin Nebulisation	2.5 ml	Q8 hrly	Bronchodilator
Inj. Myo Pyrocate	1 amp	Stat	Muscle Relaxant
Inj.Perfalgam	1 gm	1-0-1	Pain killer
Inj.Voveran	75 mg	Stat	Painkiller
Tab.Pantop	40 mg	1-0-0	Anta acid
Cap.Providac		1-1-1	Anti Diarrhoeal
Tab.Ceftum	500 mg	1-0-1	Antibiotic

7. Conclusion

Patient developed pneumonia and was intubated in view of respiratory failure, also had acute renal failure for which patient was on lasix. Eventually underwent tracheostomy after two weeks and was on ventilator. Patient was initial put on TPN then was started on NJ feeds and oral feeds. Patient had loose stools issues, sepsis with septic shock, acute respiratory distress syndrome, hypoalbuminemia and chest infection. After four weeks, patient developed bradycardia and hypotension and gradually went to cardiac arrest. In spite of all resuscitative measures patient could not be revived and declared dead.