disorder is essential in its recognition. More information is needed to understand collateral gastrointestinal and determine how best to treat patients affected by this rare disease.

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Signet Ring Cell Carcinoma in the Hispanic Population: A Case Series

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INTRODUCTION: Since the advent of treatment for Helicobacter pylori, the rates of gastric adenocarcinoma have decreased, but the rate of Signet Ring Cell Carcinoma (SRCC) has increased from 8% to 30% of gastric cancers. The risk factors for SRCC vary greatly from the risk factors for non-SRCC. It is more prevalent in women, and also seen in younger population than non-SRCC. The average age of morbidity is 50 years of age in SRCC. The distribution among ethnicities is still unclear: SRCC is seen in all ethnicities, in a study it showed distribution among African Americans, Hispanic, American Indian and Asian populations. In this case series we will have patients from a Hispanic background, who all were diagnosed with SRCC.

CASE DESCRIPTION/METHODS: Case 1: 71 year old Hispanic male presented with abdominal pain and 28 lb weight loss. CT show large infiltrating mass with mass on the dome of the bladder. EGD showed friable ulcer and biopsy showed SRCC. Her-2Neu was negative, but PD-L1 was present. Started on oxaplatin, leucovorin and 5-fluorouracil. CA 19-9 went from 163334 U/ml to 20711 U/ml 1 month later. Case 2: 42 year old Hispanic female with concomitant, urinary retention. MRI showed spinal cord compression and underwent tumor debulking. Biopsy of the dura showed metastatic adenocarcinoma. EGD showed large friable ulcer positive for SRCC with no PD-L1 expression. Patient started on folinic acid and 5-fluorouracil. Ultimately, the patient did not tolerate treatment and passed.

DISCUSSION: WHO classified SRCC in 1990, with two main processes of oncogenesis. The accumulation of mucin via the E-cadherin molecule within the CDH1 gene, along with mutations in the B-catenin and APC gene. These disrupt the Wnt/B-catenin, PI3K, MEKI pathway. Dysregulation of MUC4 disrupts cell adhesion and is expressed in gastric mucosa and in de novo gastric cancer. High PD-L1 expression is related to better target for treatment. These genes may be more prevalent in the Hispanic population, and should be further studied to see if SRCC can be prevented.  

COVID-19 Infection Presenting With Only Gastrointestinal Symptoms

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INTRODUCTION: Coronavirus disease 2019 (COVID-19) is a pandemic that has currently spread to approximately 188 countries with current estimates of over 427,000 fatalities worldwide. It largely presents with respiratory symptoms including cough and shortness of breath. Gastrointestinal (GI) symptoms are not common leading to delayed diagnosis. We present a case of an obese young man with no past medical history presenting with GI symptoms who was found to be COVID-19 positive.

CASE DESCRIPTION/METHODS: A 32-year-old obese male with no past medical history presented to the emergency department with persistent nausea with nonbloody emesis, diarrhea, vague abdominal pain, and fever. He reported that a coworker had recently tested positive for COVID-19. Significant labs on admission included AST 67 U/L, ALT 67 U/L, D-dimer 708.5 ng/ml, CRP 3.4 mg/dl, LDH 541 U/L, ferritin 1,781 ng/ml, procalcitonin <0.05 ng/ml. Lipase was normal. Chest X-ray with no acute pathology. Chest CT with contrast revealed nonspecific bilateral pleuritis. Abdominal US revealed hepatic steatosis. With conservative measures including fluid resuscitation, patient’s symptoms improved and he was discharged home to self-quarantine.

DISCUSSION: It appears that COVID-19-related GI symptoms are due to the virus entering target cells via angiotensin-converting enzyme 2 receptor, which is found throughout the digestive tract. This receptor is found at nearly 100-fold the amount in the GI tract as compared to the respiratory system. In a retrospective study of 206 patients with COVID-19 infection in Wuhan, China, it was found that those with GI symptoms demonstrated a longer duration between symptom onset and viral clearance. Additionally, it was found that such patients are more likely to have positive results on fecal testing as compared to those with predominantly respiratory symptoms. Those with both upper and lower digestive symptoms were more likely to present with fever as opposed to either alone which can delay timely diagnosis. In a meta-analysis of data from 29 COVID-19 studies with GI symptoms, prevalence was 15% and about 10% of patients presented with GI symptoms alone with the most common symptoms being nausea or vomiting, diarrhea, and decreased appetite. We live in unprecedented times, and should be wholly aware that COVID-19 infections can also present predominantly with gastrointestinal symptoms as delayed diagnosis is a major driver of this current COVID-19 pandemic.

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Breast Milk Fistula: An Unusual Complication of Therapy for Gastroparisus

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INTRODUCTION: We report an unusual medication related complication that developed in a patient being treated for chronic idiopathic gastroparesis.

CASE DESCRIPTION/METHODS: The patient, a 40-year-old female, has a long history of idiopathic gastroparesis. Symptoms have been present for many years and in the past resulted in weight loss and numerous hospital visits. Gastroduodenal scanning showed a non-obstructive, slow peristaltic pattern of abnormal gastric emptying on endoscopic examination residual old food was always present in the stomach. She had been evaluated for a possible gastric pacemaker and she has had pyloric Botulinum toxin injections, pyloric dilatation and has been treated with metoclopramide and more recently with domperidone for the last few years. She had also had a Nissen fundoplication for chronic reflux associated with gastric stasis. Her condition has remained stable for many months and she has gained weight and not required hospital visits. She presented to a breast surgeon with a recurrent chronic right breast abscess with overlying necrotic skin. Breast exam revealed no nipple discharge that at that time, and she went to surgery for exploration, drainage and debridement. One week post procedure she complained of malodorous drainage from the incision and serous drainage was noted on the dressing. Wound culture was obtained and grew rare Streptococcus anginosus. The patient was started on Bactrim and a wick and plain packing was placed. Eleven days later she presented to the emergency room with complaints of malodorous drainage and right breast pain. Ultrasound revealed a 3.1 × 3.5 cm complex fluid collection. Culture grew rare gram-positive cocci in pairs. She was treated with clindamycin and discharged home. She was reevaluated by the surgeon and new left nipple drainage was noted. Wound healing remained improved. This raised the question of a milk fistula. The patient was instructed to stop taking domperidone. Over the next weeks the wound closed and there was no further drainage. She subsequently resumed her domperidone.

DISCUSSION: Galactorrhea can be an uncommon side effect of domperidone. In this case it led to an unusual complication of breast wound milk fistula delaying healing of an abscess.

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Swept Under the Adipose Rug: Is Bariatric Surgery a Risk Factor in the Development of Cancer?

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INTRODUCTION: According to the WHO, gastric cancer (95% of the cases are adenocarcinomas) is the third most common cause of cancer-related death and the fifth most common malignancy in the world today and can arise from any viable gastric mucosa. The Roux-en-Y gastric bypass is a commonly performed weight loss surgery that involves the creation of a small gastric pouch which is connected to the small intestine. We submit a case of gastric adenocarcinoma in the excluded gastric pouch of a prior Roux-en-Y bypass presenting with non-specific symptoms.

CASE DESCRIPTION/METHODS: A 70 year old female with a past medical history of Roux-en-Y 15 years prior and subsequent gastroesophageal reflux disease presented to ER with greater than 2 months of intermittent epigastric pain. She had emesis and an inability to tolerate oral intake. Endoscopy was largely unremarkable and surgical pathology was negative. An esophagram showed nutcracker esophagus so the patient was started on Dilbezem. Continued symptoms prompted a CT abdomen showing relatively pronounced dilatation of the excluded stomach pouch with oral contrast material, likely entering via a fistula. Failure of conservative management prompted an exploratory laparotomy that revealed a severely distended stomach pouch, with intraoperative drainage of 800 cc of fluid. A tight duodenal stenosis with complete obstruction of the gastric outlet was also noted. Surgical pathology showed high grade adenocarcinoma involving the resected stomach and proximal duodenum with clear proximal and distal margins. A pyloroplasty was not found. The tumor itself was positive for CK7 and CA 19-9 and negative for CK20. The tumor cells were ER/PR negative and cdx-2 negative. Repeat CT showed postoperative changes without evidence of fluid collections or bowel obstruction.

DISCUSSION: Up to 36% of patients who undergo gastric bypass are found to have duodenal reflux. Exposure to bile salts from the duodenal reflux can cause gastritis, intestinal metaplasia, and adenocarcinoma in the gastric mucosa. Literature review reveals multiple cases of gastric cancer in the excluded portion of the stomach after bariatric surgery, but long-term studies do not demonstrate a statistical or causal link between bariatric surgery and the development of gastric adenocarcinoma. Our case demonstrates that the excluded pouch of a Roux-en-Y bypass should be evaluated in at risk patients, even with non-specific symptoms, to allow early diagnosis of possible gastric adenocarcinomas.