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Primary gastric yolk sac tumor with liver metastases in a 66-year-old patient: A case report

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Yolk sac tumor (YST) of the stomach is extremely rare, with only several cases reported in the English literature. We present a case of primary gastric yolk sac tumor with liver metastases in a 66-year-old male. Preoperative diagnosis was poorly differentiated as adenocarcinoma of stomach. A total gastrectomy was performed. The tumor, with a maximum size of 6.0 cm, was composed microscopically of neoplastic cells with pale eosinophilic cytoplasm. Tumor cells were arranged into solid and papillary structures with several Schiller-Duval bodies. Other components of germ cell tumors, such as embryonal carcinomas and choriocarcinoma, were not identified. The tumor cells were positive for AFP, CK 18, CK 20, SALL4, glypican3, but were negative for PLAP, OCT 3/4, CK 7 by immunohistochemistry. The surgical margins were histologically negative, 12 of 22 resected lymph nodes had metastases. The laboratory findings showed high serum levels of AFP (2502ng/mL); testicles were symmetric with normal size. Primary pure gastric yolk sac tumor is a very rare entity. The rarity of gastric YST makes this diagnosis complicated. However, awareness of this unusual entity and its distinctive immunohistochemical profile invariably leads to a correct diagnosis.

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Hybrid minimally invasive esophagectomy - Combining both open and minimal access to bridge the learning curve

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The rise of minimally invasive surgery since the past decade has seen the trend of management of surgical condition towards more minimally invasive approach. The favor on the side of minimally invasive procedures is obvious with the potential benefits of lesser post-operative pain, reduced length of stay and wound complications. However, in procedures such as esophagectomy, gastrectomy and Whipple's procedure which is technically more demanding when performed via the minimally invasive approach, we have not seen a great rise in numbers. Multiple recent clinical studies have shown the benefits in minimally invasive esophagectomy and the oncological outcomes are not compromised. As there is a learning curve to this procedure, we proposed a hybrid approach to reduce the operative time for surgeons embarking on this approach.

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