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Gastropericardial Fistula and Thromboembolic Disease as a Rare Presentation of Gastric Adenocarcinoma: A Case Report

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Abstract

Introduction: Gastropericardial fistula is an exceptionally rare and life-threatening complication of gastric malignancy. Its association with extensive thromboembolic disease, including portal and splenic vein thrombosis, splenic infarction, and bilateral pulmonary embolism, further complicates diagnosis and management. We report a case highlighting the diagnostic challenges and emergency surgical decision-making in an elderly patient with significant comorbidities.

Case Presentation: An 82-year-old male with a history of atrial fibrillation, NYHA class III chronic heart failure and hypertension was admitted with septic shock and multi-organ dysfunction in the context of a suspected gastric malignancy. Computed tomography revealed bilateral pulmonary embolism, portal vein thrombosis extending into the splenic vein, splenic infarction, bilateral pleural effusions, and a gastric mass with findings highly suggestive of gastropericardial fistulization. Emergency exploratory laparotomy identified a large tumor along the lesser curvature, complicated by a gastropericardial fistula with purulent pericardial effusion. Pericardial window, total gastrectomy with splenectomy and Roux-en-Y esophagojejunostomy, along with abdominal and pleural drainage, was performed. Histopathological examination confirmed poorly differentiated gastric adenocarcinoma with extensive lymphovascular invasion. Despite maximal intensive care support, the patient died from irreversible cardiorespiratory failure on the 8th postoperative day.

Conclusions: This case illustrates the devastating clinical course of advanced gastric adenocarcinoma complicated by fistulous and thromboembolic events. Even with timely surgical intervention, prognosis is exceedingly poor once multi-organ failure has developed.

Keywords: gastric adenocarcinoma, gastropericardial fistula, portal vein thrombosis, pulmonary thromboembolism