Trousseau's syndrome in a patient with gastric cancer

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DESCRIPTION

A 74-year-old man, who had been receiving S-1 plus cisplatin combination chemotherapy for gastric cancer and metastatic disease of the liver,¹ developed disorientation, amnesia and anorexia on day 13 of the fourth cycle of the chemotherapy regime. On day 16, he was reviewed in the outpatients department and was admitted as an emergency. MRI of the brain obtained on his admission showed no metastatic disease or haemorrhage, but revealed striking areas of low signal intensity on T1-weighted images, and abnormally high signal intensity on diffusion-weighted images, in the right occipital lobe (figure 1), consistent with cerebral infarction. MR angiography, however, showed no abnormal findings (figure 2). ECG and echocardiogram were also normal. Therefore, the patient was diagnosed with Trousseau's syndrome associated with gastric cancer² due to hypercoagulability secondary to active malignancy, and anticoagulation therapy was initiated. He was in remission after the treatment started, but had a further cerebral infarction 14 days after hospital admission and died 3 days later.

Trousseau's syndrome is a well-known manifestation of thrombosis due to abnormalities of the

Figure 2 MR angiography showing no abnormal findings such as cerebral artery occlusion or aneurysm.

coagulation-fibrinolysis system often associated with malignancy,² and cerebral infarction due to Trousseau's syndrome has a particularly poor prognosis.³

Figure 1 Areas in the right occipital lobe of the patient's brain with (A) low signal intensity on T1-weighted MRI and (B) abnormally high signal intensity on diffusion-weighted images.

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Learning points

- ▶ Coagulation testing should be performed regularly on patients with cancer, with sufficient attention being focused on the onset of cerebral infarction, because the coagulation-fibrinolysis system is often impaired in these patients as a consequence of their malignancy. In our patient, prothrombin time and activated partial thromboplastin time were normal, but fibrinogen/fibrin degradation product and cross-linked fibrin degradation product levels were elevated.
- ▶ The differential diagnosis of patients with cancer presenting with neurological symptoms needs to include Trousseau's syndrome.

Competing interests None declared.

Patient consent Obtained.

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