

Late Diagnosis of Cancer in the COVID era: a Case Report

Pone E*, Montesano V and Bologna C

Internal Medicine Unit, Ospedale del Mare, Naples, Italy

*Corresponding author: Eduardo Pone, Internal Medicine Unit, Ospedale del Mare, Naples, Italy, E-mail: eddi22@alice.it

Background: Cancer patients represent a priority population in terms of accessibility to health resources since, if left without treatment and adequate surveillance, the prognosis can be fatal. The reorganization of the hospitals in response to the COVID 19 pandemic, caused the delay in the diagnosis and treatment of cancer patients.

Case report: 66-year-old patient with hematemesis and anemia (Hb 6.7) with a history of liver cirrhosis and previous rupture of esophageal varices referable to 3 years earlier. He arrives in transfer from another hospital to practice EGDS from which red and digested blood is evident in the lumen, 2 cm below the columnar squamous junction of esophagus-gastric varices jet haemorrhage on which sclerotherapy with cyanoacrylate and elastic ligation of two varices is performed distally. The ultrasound examination shows, in addition to the aforementioned cirrhosis, full-thickness gastric parietal thickening with obliteration of the cavity of a likely heteroplasic nature as well as the presence of multiple echogenic areas from peritoneal spread of the disease.

Discussion: The reported clinical case highlights how the

pandemic has blocked the monitoring of chronic diseases and screening in general population with an increase in unsustainable spending in the medium / long term.



References

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