

Title:

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Authors:

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Duodenal lymphangiectasias — The first sign of pancreatic adenocarcinoma

Filipe Taveira¹, José Paulo Magalhães², and Daniel Brito¹

¹Department of Gastroenterology, and ²Department of Pathology. Instituto Português de Oncologia de Coimbra. Coimbra, Portugal

Correspondence: Filipe Taveira. Department of Gastroenterology. Instituto Português de Oncologia de Coimbra. Av. Bissaya Barreto, 98. 3000-075 Coimbra, Portugal
e-mail: fctav@hotmail.com

Dear Editor,

A 41-year-old Caucasian female with a past medical history of pituitary adenoma medicated with cabergoline presented with worsening dyspepsia and unintentional weight loss of 5 %. Physical exam and laboratory results were unremarkable for pathological findings. Esophagogastroduodenoscopy revealed an edematous and exuberant lymphangiectasia in the duodenum, with no ulceration or suspected infiltration component (Fig. 1A/B). However, duodenal biopsies revealed infiltration by poorly differentiated carcinoma cells (Fig. 1C/D). Infection and inflammatory/autoimmune causes were ruled out. A CT scan was performed, which revealed a thickened and enlarged pancreas with ill-defined limits, and several intra-abdominal adenopathies, raising suspicion of pancreatic lymphoproliferative disease. EUS with FNB were performed, obtaining a pancreatic biopsy sample and a biopsy sample of the larger adenopathy. EUS also revealed an enlarged, non-nodular pancreas and thickened duodenal wall. Mild ascites was detected. Both EUS-guided biopsies were concordant with a diagnosis of highly aggressive carcinoma with a gastric or

pancreatic-biliary origin (Ki67 > 80 %). Therefore, a diagnosis of pancreatic adenocarcinoma was assumed (cT4N1Mx). The patient is currently on palliative chemotherapy and remains pauci-symptomatic.

DISCUSSION

Intestinal lymphangiectasia is a rare finding usually resulting from focal or diffuse dilatation of lymphatics with a risk of loss of lymph fluid, leading to nutritional and immunological abnormalities (1). Several conditions may cause intestinal lymphangiectasia, such as infections (Whipple disease, giardiasis), autoimmune conditions (celiac disease, sarcoidosis), and cancer (mainly lymphoma or abdominal/retroperitoneal carcinoma, as in our case) (1,2). This case of secondary intestinal lymphangiectasia should alert gastroenterologists to the need for histological characterization of this finding, which may, albeit infrequently, be the first sign of malignancy (3).

Informed consent: an informed consent was obtained from the patient for this publication.

Conflicts of interest: the authors declare no conflict of interest.

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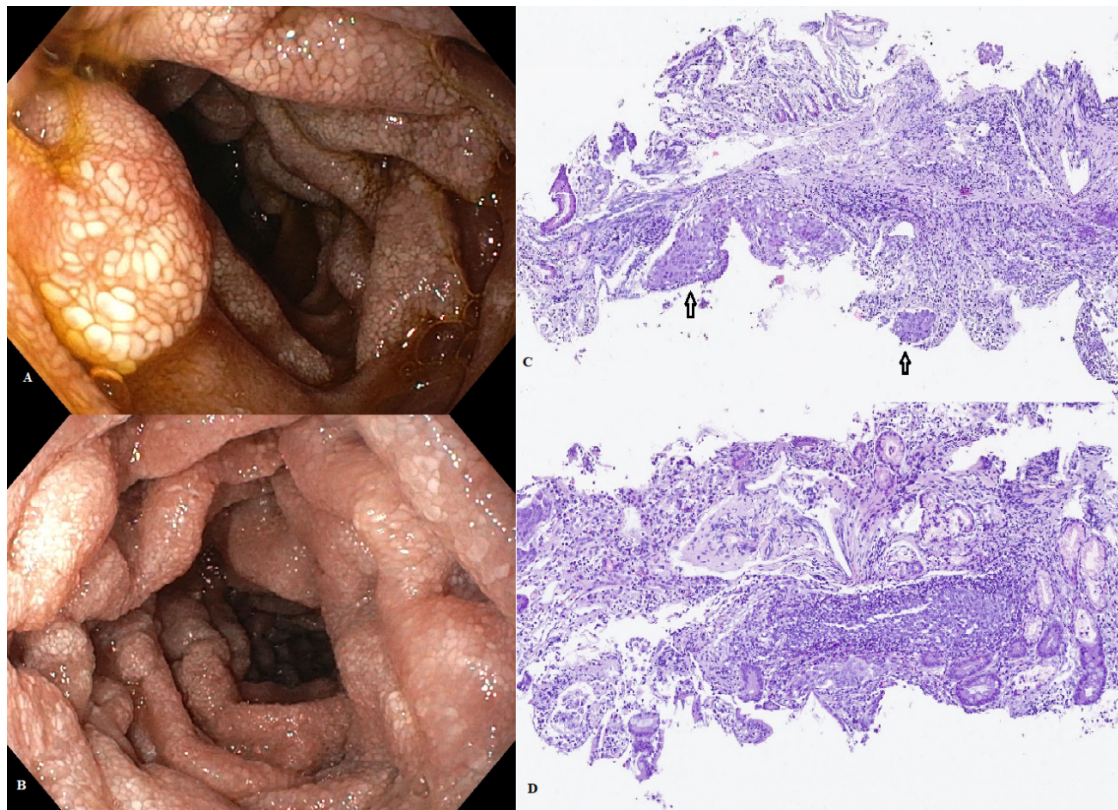


Fig. 1. Upper endoscopy showing multiple lymphangiectasias at D2 (1-A) and D3 (1-B). Histopathology showed areas of carcinoma infiltration in the duodenum (black arrows, 1-C and D)