

Title:

What are the odds? Duodenum adenocarcinoma as a primary metachronic neoplasia

Authors:

Asunción Ojeda Gómez, Almudena Íñigo Chaves, Lucía Madero Velázquez, Jorge Barragán Martínez, María Dolores Picó Sala, Andrea García Soria, Julia Sáez Fuster, Mariana Fe García Sepulcre

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What are the odds? Duodenum adenocarcinoma as a primary metachronic neoplasia

Asunción Ojeda Gómez, Almudena María Íñigo Chaves, Jorge Barragán Martínez, Lucía Madero Velázquez, María Dolores Picó Sala, Andrea García Soria, Julia Sáez Fuster, Mariana Fe García Sepulcre

Gastroenterology Service. Hospital General Universitario de Elche.

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Correspondence:

Asunción Ojeda Gómez

Email: asunojedagomez@gmail.com

We present a 81-year-old man with a history of colorectal and bladder cancer surgically removed, who was admitted to our hospital with a urinary infection. A routine renal ultrasound revealed a pelvic cyst and CT-scan confirmed a non-complicated cyst but observed a lesion in the left lung. He underwent a PET-CT in which an unexpected enhancement of the small bowel called our attention. The patient had always been asymptomatic from a gastrointestinal point of view and his blood work was unremarkable. An oesophagogastroduodenoscopy was carried out, founding a lonely large mass in the third portion of the duodenum that turned out to be a primary duodenal adenocarcinoma (PDA). The histopathological analysis revealed Marsh 0 and no genetic disorder was found. The committee proposed him for a segmentary resection without neoadjuvant treatment, and a later semestral follow-up with image tests. Nevertheless, the patient died because of a surgical complication.

PDA accounts for 0.3–1% of all gastrointestinal cancers. While most tumors of the ileum are neuroendocrin, adenocarcinoma is the most common duodenal cancer, arising almost always in D2. A recognised risk factor is PAF syndrome (1) (2). With an

asymptomatic or nonspecific presentation such as abdominal discomfort or occult bleeding, patients are usually misdiagnosed (3). An oesophagogastroduodenoscopy with biopsies remains the first-line diagnostic procedure, but an enteroscopy or capsule endoscopy are needed for lesions beyond D2 (4). Duodenal adenomas should always be endoscopically removed (5). However, when worrying features are noted, such as size greater than 20 mm, Paris IIc-III, presence of ulcerations or loss of the pit pattern, biopsies should be taken. Tumors in D2 typically require pancreaticoduodenectomy whereas other locations could be managed with segmentary resections. A wide lymphadenectomy should always be performed, since lymph node positivity is the most important prognosis indicator. With regards to the adjuvant therapy and the follow-up, there is no established protocol due to lack of randomized controlled trials.

Keywords: Primary adenocarcinoma. Duodenum. Endoscopy.

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Image 1. We observe a 30-40 mm mass in the third part of the duodenum, occupying 50% of the lumen but easily passable with the scope, with a large ulceration with fibrin base and without any signs of recent bleeding.

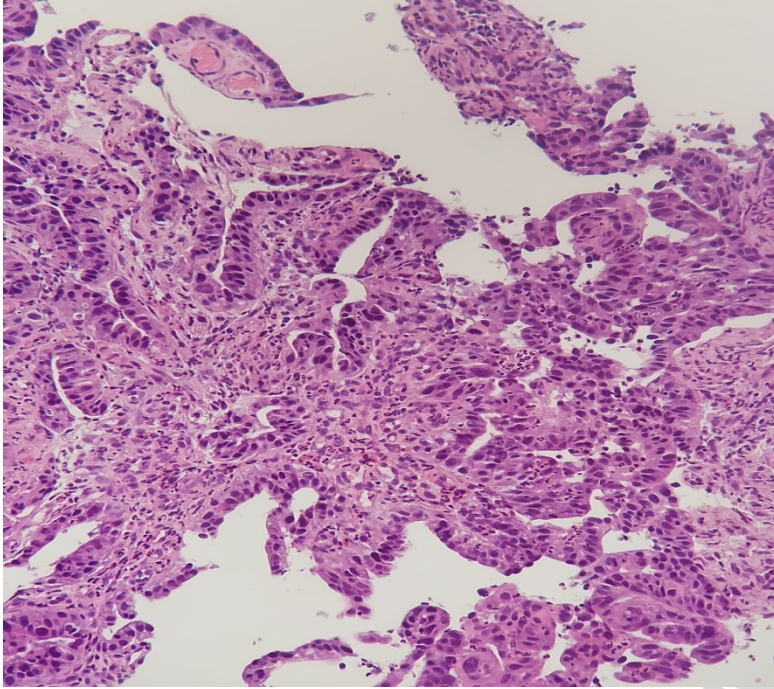


Image 2. Primary duodenum adenocarcinoma

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