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Unusual presentation of jejunal adenocarcinoma and ovarian metastasis

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Dear Editor,

One of the most frequent causes of intestinal obstructions in young people nowadays is attributed to inflammatory bowel disease, often diagnosed after resection (1). Nevertheless, other causes should not be forgotten, especially intestinal neoplasia. It is rare to find a small bowel tumor presenting as intestinal obstruction (2). We present the case of a young female patient with intestinal obstruction due to a jejunal adenocarcinoma.

Case report

A 31-year-old healthy female patient was sent to our department after complaining of vomiting and abdominal pain for two months. Physical examination revealed a distended abdomen without peritoneal irritation. The upper gastroduodenal endoscopy only showed abundant biliary reflux in the gastric cavity. The analysis was rigorously normal.

A biodegradable capsule (PillCam Patency©) was administered but was not expelled. As an intestinal obstruction was suspected, a magnetic resonance imaging (MRI) scan was outperformed, which identified a 5 cm-stenosis in the ileum, with a prior intestinal dilation (Fig. 1A). Due to the worsening of her physical condition, the patient was admitted to the hospital, but continued vomiting despite medical treatment. Finally, with the initial diagnosis of a very symptomatic intestinal obstruction, possibly related to Crohn's disease, she underwent surgery. The anatomopathological study (Fig. 1B and D) showed a jejunal adenocarcinoma with lymphatic and serosa infiltration, so the multidisciplinary team decided lymphadenectomy and margin re-excision before chemotherapy. The final stage of the tumor was IIA (T3N0M0).

After eight sessions of chemotherapy treatment, an abdominal computed tomography (CT) scan revealed a giant left ovarian mass suspicious of malignancy (Fig. 1C), therefore a laparotomy was carried out and intraoperative anatomopathological findings confirmed an adenocarcinoma. Subsequent left adnexectomy was performed and the definitive anatomopathological examination concluded that the ovarian lesion was a metastasis of the intestinal adenocarcinoma, without lymphatic infiltration and with free resection margins. After five years of follow up, the patient was discharged.

Discussion

Three to five percent of malignant tumors of the intestinal tract are found in the small bowel. Small bowel adenocarcinoma is an extremely rare condition (30-40 % of malignant tumors in this location) (3). It is normally diagnosed in advanced stages, thus indicating poor clinical outcome. Surgical resection is the gold-standard treatment for localized tumors, however, as recurrence is frequent, additional therapy is recommended (4).

Around 1.6 % of metastatic ovarian tumors originate in the small bowel, thus making jejunal adenocarcinoma the most frequent small bowel tumor that metastasizes in the ovary (5).

This case illustrates a successful outcome of a jejunal adenocarcinoma with very poor prognosis after an extremely unusual ovarian metastasis.

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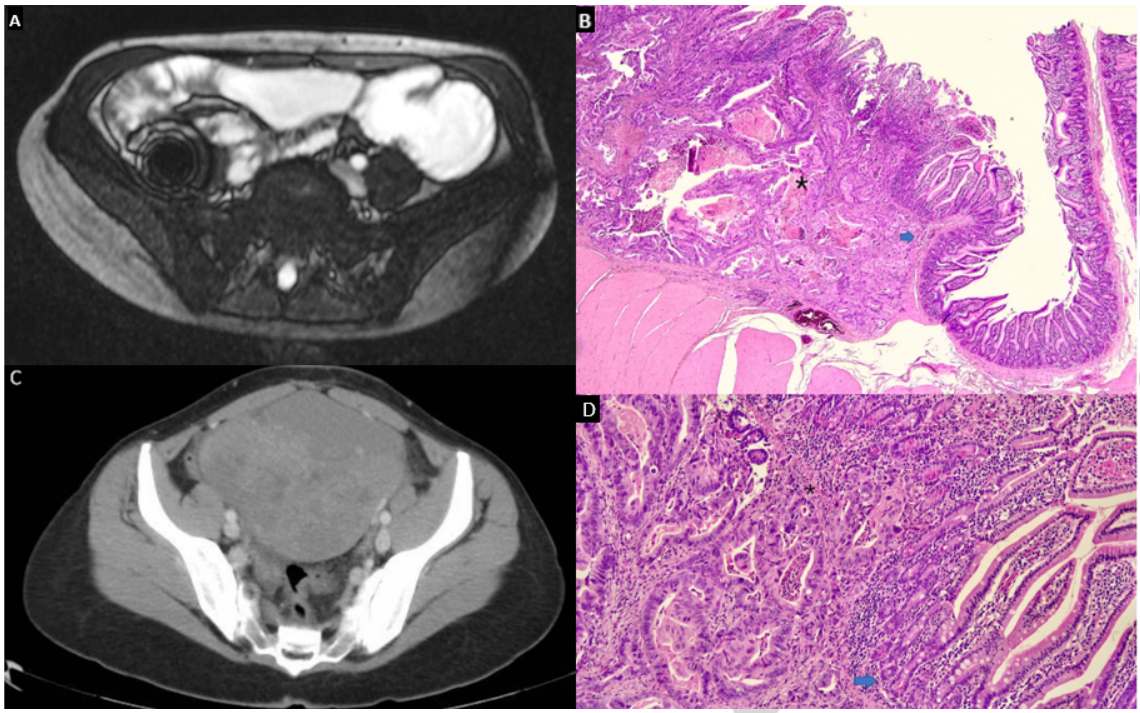

Fig. 1. A. Abdominal magnetic resonance imaging (MRI) scan showed dilated loops and a stenotic area in the right lower quadrant. B and D. Moderately differentiated, infiltrating adenocarcinoma (asterisk) adjacent to normal small bowel mucosa (arrows) (HE 40x and 100x). C. Computed tomography (CT) scan showed a giant left ovarian mass (15 x 14 x 17 cm) with solid and cystic areas.