

Metastatic Pancreatic tail Adenocarcinoma Presenting with Multiple hepatosplenic abscesses: a case report

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INTRODUCTION

- Pancreatic cancer is the third leading cause of cancer related deaths in the United States of America.
- It is often detected at an advanced stage and may present in unusual ways including pyogenic liver or splenic abscesses.
- In the index case, pancreatic tail adenocarcinoma presents with multiple hepatosplenic abscesses which is a rare diagnostic and therapeutic challenge.

CASE PRESENTATION

- A 78-year-old male with a history of hypertension, cerebrovascular accident and end stage renal disease on dialysis was evaluated for diffuse abdominal pain and altered mental status for one day.
- Vitals were unremarkable. Physical examination was pertinent for generalized weakness and altered sensorium.
- Laboratory studies revealed transaminitis and leukocytosis.
- Computed tomography (CT) of abdomen/ pelvis showed multiple hypoattenuating hepatic foci with hepatosplenomegaly.
- A set of blood culture grew *Clostridium inoculum*. Liver abscesses were drained percutaneously, and the culture grew pansensitive *Escherichia coli*.
- Repeat contrast CT of the abdomen/ pelvis showed large hypodense splenic focus suspicious for an abscess.
- Transthoracic Echocardiogram was negative.
- Exploratory laparotomy with peritoneal lavage, splenectomy and liver biopsy were performed.
- Tumor immunostains were positive for CK7, CK20 and CDX2.
- Pathology report confirmed pancreaticobiliary adenocarcinoma metastatic to spleen and liver.

CASE PRESENTATION- Continued

- CA 19-9 and CA 125 were markedly elevated.
- CT of abdomen with pancreatic protocol showed pancreatic tail mass.
- Peritoneal fluid culture grew vancomycin resistant *Enterococcus faecium*. Daptomycin and ceftriaxone were started.
- The patient showed clinical improvement but was deemed unsuitable for further invasive therapy or chemotherapy for metastatic pancreatic cancer.

DISCUSSION

- Uncommon presentations of pancreatic adenocarcinoma include gastrointestinal (GI) bleeding from metastasis and acute abdomen from splenic infarct.
- Pyogenic liver abscess (PLA) is associated with GI malignancies including pancreatic cancer. Some experts recommend cancer evaluation for GI malignancies in patients with PLA.
- Mucosal breach by cancer cells, translocation of bacteria into portal or systemic circulation and bacterial inoculation of metastatic sites are possible explanations for developing liver and spleen abscess. Dialysis is also a risk factor for hepatosplenic abscess.

CONCLUSION

An elderly patient with multiple hepatosplenic abscesses and elevated tumor markers must be thoroughly evaluated for underlying gastrointestinal malignancies including pancreatic cancer.

IMAGES



Image A shows non-enhancing hypoattenuated foci in the right and left lobes of the liver most consistent with multifocal liver abscesses.



Image B shows splenomegaly with multiple hypoattenuated foci and a mass within the tail of the pancreas.

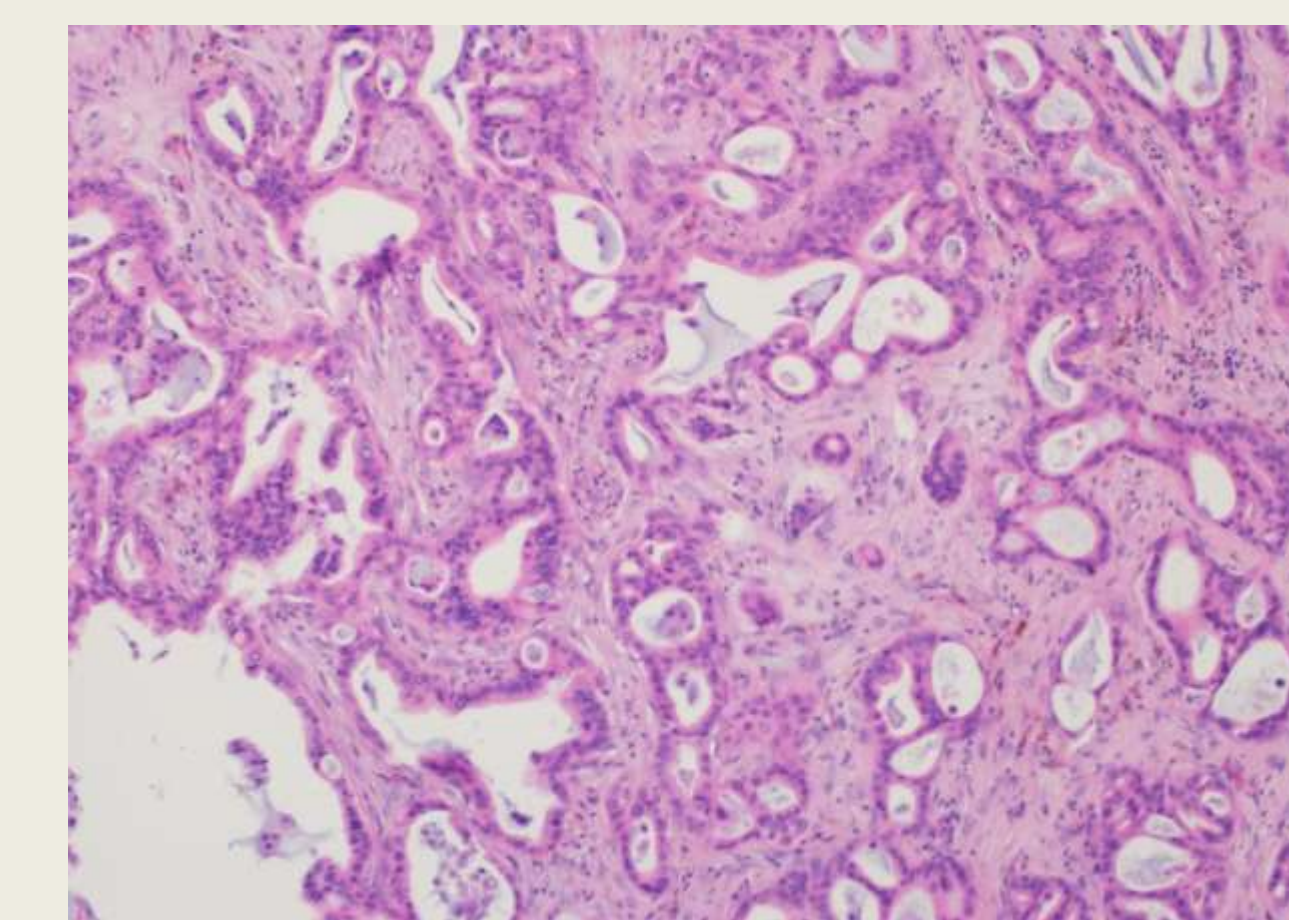


Image 1 shows cancer in the spleen.

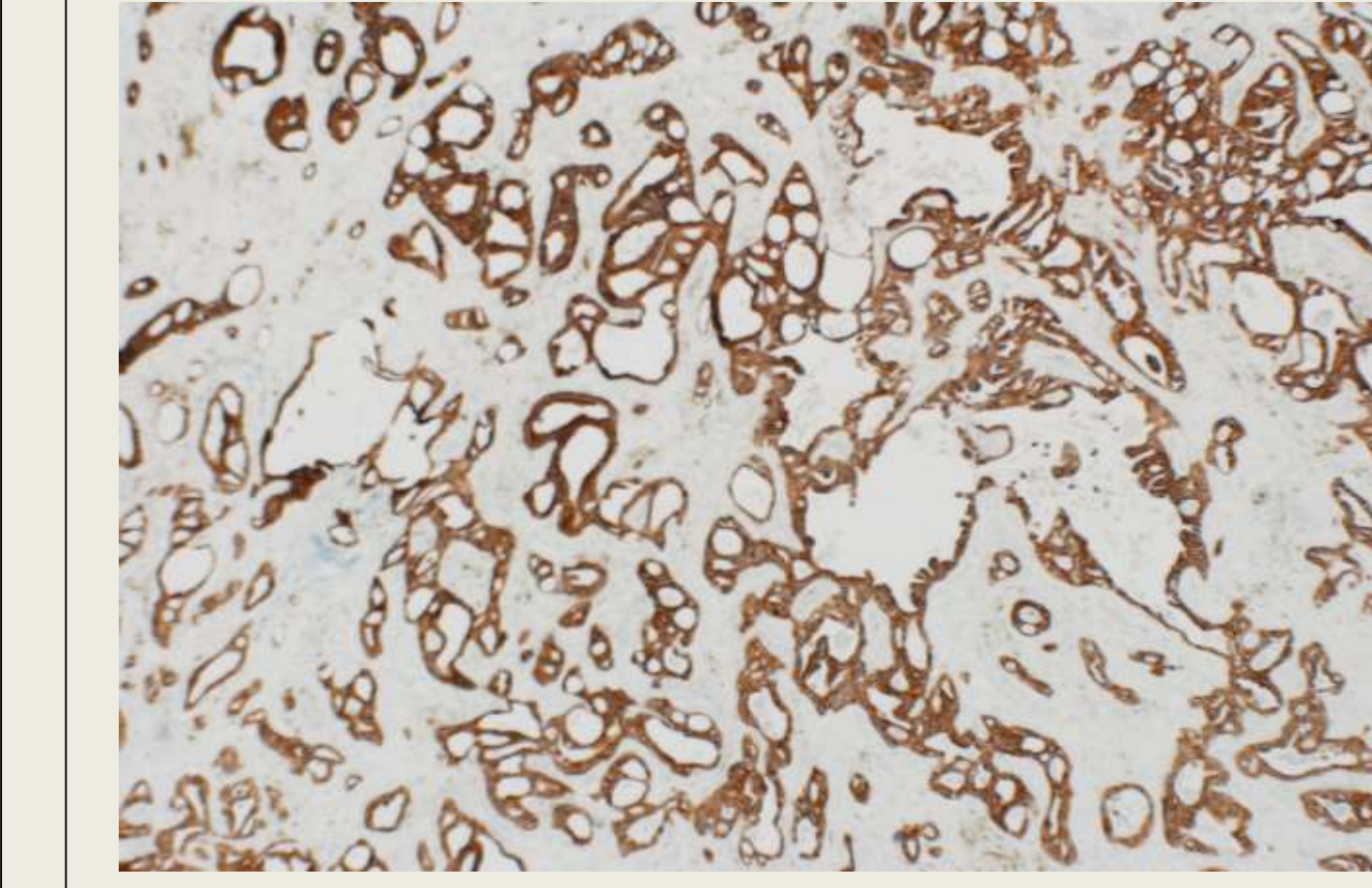


Image 2 showing positive immunostains for CK7 .



Image 3 showing positive immunostains for CK20 .

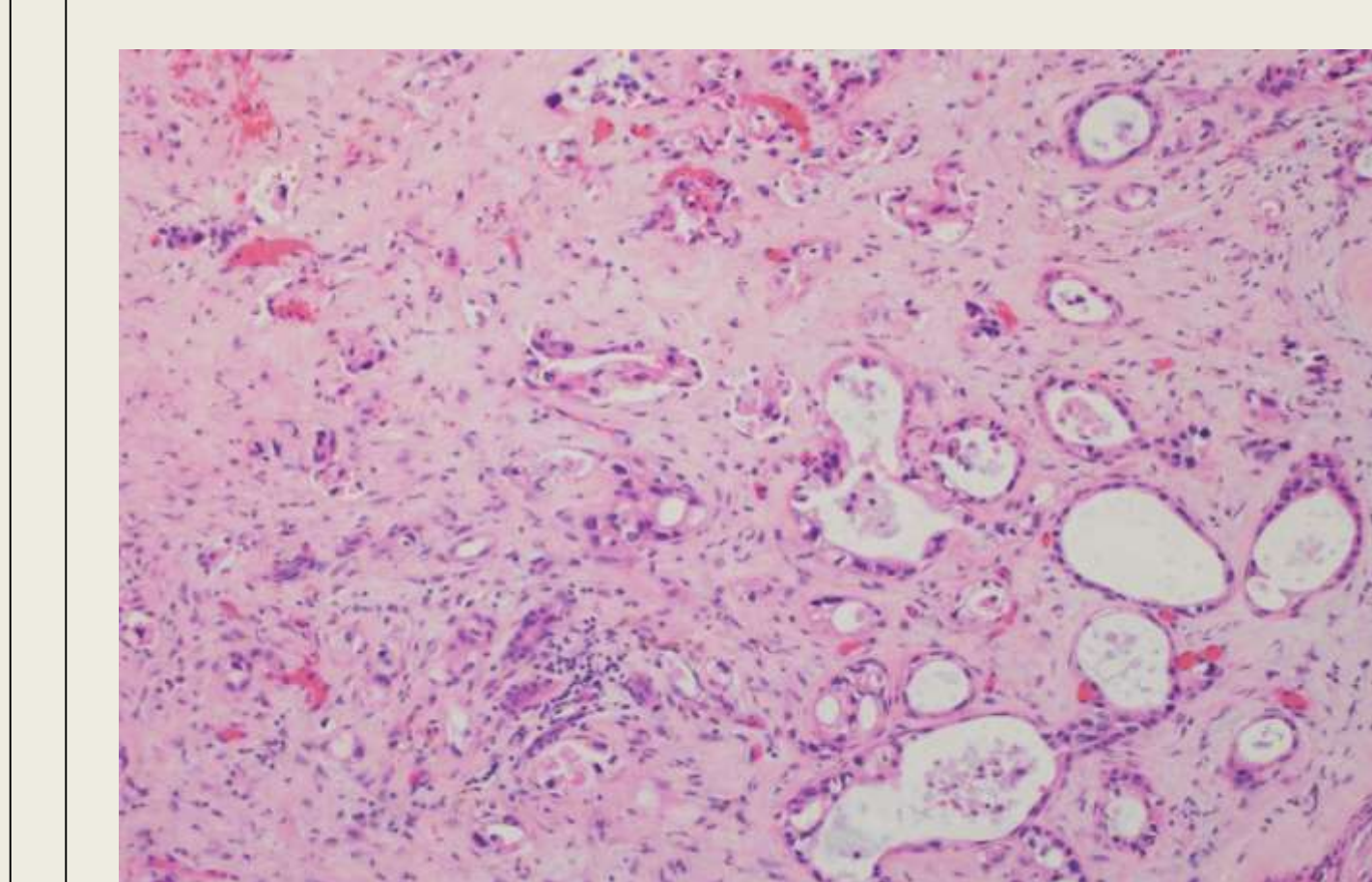


Image 4 shows the cancer in the liver biopsy (no normal liver is present).