

Hepatic Parenchyma and Cholecystectomy Clip in Duodenum? An Interesting Case of Pancreatic Adenocarcinoma

Syed Musa Raza MD, Kristie Searcy MD, Jordan Roussel MD, Daniyal Raza MD, Rimsha Shaukat MD,
Maryam Mubashir MD, Shazia Rashid MD, James Morris MD
Department of Gastroenterology, Louisiana State University Health Sciences Center – Shreveport LA,



Introduction

- ❖ Pancreatic ductal adenocarcinoma (PDAC) is a leading cause of cancer-related death in many industrialized countries.
- ❖ Patients with PDAC typically report non-specific symptoms such as abdominal pain, weight loss, and jaundice.
- ❖ Unfortunately, many patients are diagnosed at the time of metastasis.
- ❖ Here we present a case of a patient with a contained duodenal perforation who was later found to have metastatic pancreatic adenocarcinoma.

Case Presentation

- ❖ A 74-year-old man with history of prostate cancer requiring prostatectomy presented with a 2-month history of abdominal pain, nausea, vomiting, unintentional weight loss, and melena
- ❖ Pertinent labs:
 - Normocytic, normochromic anemia
 - Elevated CA-19-9 6959 U/mL
 - LFTs, Lipase, PSA/CEA were all normal
- ❖ EGD revealed a large necrotic, ulcerated duodenal mass in the first portion with suspicion of contained perforation. Pathology showed necrotic tissue and hepatic parenchymal cells, negative for malignancy.
 - A metallic object was also identified which was likely a cholecystectomy clip as confirmed on subsequent CT abdomen.
- ❖ CT abdomen showed a proximal duodenal mass with ulcer-like outpouching extending into the gallbladder fossa, abnormal perfusion of liver segments 4 and 5 with soft tissue mass adjacent to the pancreatic head suspicious of locally invasive primary duodenal malignancy.
- ❖ Given the lesion's extent and appearance a Whipple's procedure was performed for diagnostic purposes.
- ❖ Pathology revealed a poorly differentiated ductal adenocarcinoma of the pancreatic head, with a signet ring pattern invading the duodenum wall, anterior surface of the pancreas.
 - Lymph node metastasis was present at the time of diagnosis
- ❖ The patient elected for hospice given his poor prognosis.

Results



Figure 1: Necrotic duodenal lesion with cholecystectomy clip

Discussion

- ❖ Patients with PDAC often report non-specific symptoms such as epigastric pain, jaundice, and weight loss
- ❖ Our patient presented with abdominal pain and weight loss in addition to melena and anemia which raised concern for GI bleed
- ❖ An EGD was performed which led to our diagnosis of pancreatic adenocarcinoma with contained perforation in the duodenum.
- ❖ Depending upon the patient's age and symptoms, further work up such as: liver enzymes, CA 19-9, abdominal ultrasound, or abdominal CT, can be ordered for further evaluation.
- ❖ Curative treatment for PDAC is surgical resection with negative surgical margins and adjuvant therapies
- ❖ However, the five-year survival rate remains low.

Conclusion

- ❖ PDAC has poor survival rates and remains one of the deadliest cancers worldwide.
- ❖ There are no practical screening tools for PDAC and most early signs/symptoms of pancreatic cancer are non-specific, therefore contributing to many patients being diagnosed with advanced disease.
- ❖ Risk factors for pancreatic cancer include cigarette smoking, obesity, diabetes, alcohol use, family history of pancreatic cancer, and pancreatitis.
- ❖ Current literature suggests that screening high-risk patients with EUS and/or MRI may improve earlier detection rates of PDAC.
- ❖ Further advancements in diagnostic technology and methodology are needed to improve clinical improved outcomes.

References

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