

Initial Presentation of Primary Duodenal Adenocarcinoma

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Overview

Diagnosing primary duodenal adenocarcinoma in a patient presenting with melena

Patient Timeline

October

- Presents to hospital with stable hematochezia
- Told to follow up outpatient for colonoscopy

November

- Presents to hospital with bilateral leg cramping
- Found to have extensive DVTs and a saddle PE
- Started on warfarin

December

January

February

- Presents to hospital with painless melena
- CT scan shows nondiagnostic changes near pancreatic head
- EGD shows mass in the 2nd portion of the duodenum
- Ca 19-9 <2 (Ref: <35)
- MRI shows mass encasing common bile duct

March

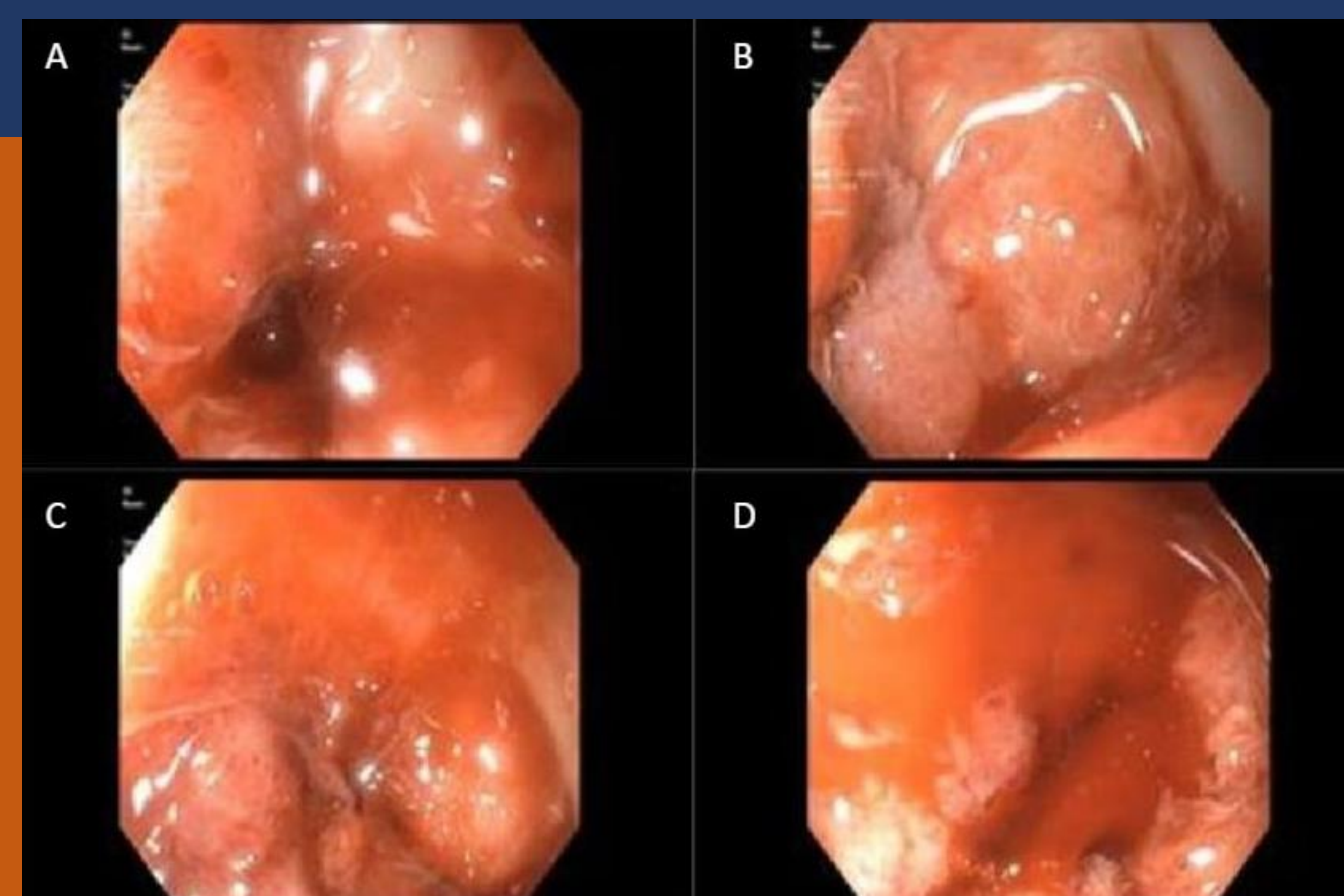
- Patient taken for Whipple procedure
- Pathology shows primary duodenal adenocarcinoma
- Discharged from hospital

April

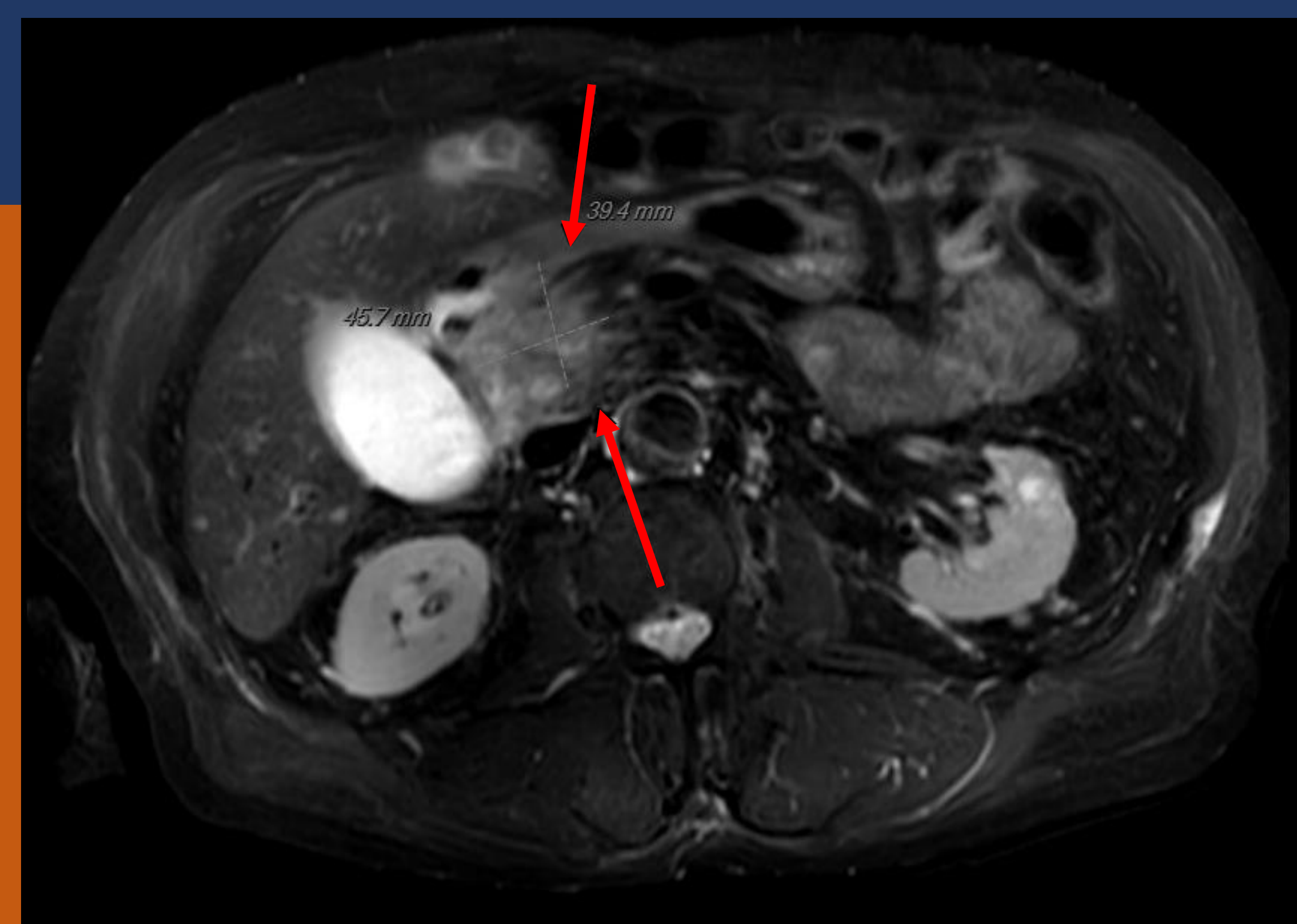
- Patient started on 6 months of FOLFOX chemotherapy



February CT scan showing fat stranding around head of pancreas concerning for infection vs. mass



Photos captured during EGD. A & B showing mass in the second portion of the duodenum. C & D showing bleeding after biopsy of mass.



MRI showing mass near head of pancreas encasing common bile duct

Diagnosis and Management

Small Bowel Adenocarcinoma

- Adenocarcinoma is the second most common small bowel tumor
- When found in the duodenum the second section, near the ampulla, is the most common location

Symptoms

- Commonly have nonspecific symptoms resulting in late diagnosis
- If tumor is near the ampulla can see biliary obstruction
- May present with: abdominal pain, weight loss, jaundice, vomiting, GI bleed
- Life expectancy from diagnosis 5.7 months

Treatment

- In early stages amenable to endoscopic resection
- In later stages tumors in the 1st or 2nd portion of the duodenum require pancreaticoduodenectomy (Whipple)
- In late stages tumors in the 3rd and 4th portion of the duodenum require segmental duodenal resection
- Use of chemotherapy post surgery is controversial without good evidence of mortality benefit

Take Away

Always prioritize a full malignancy work-up in patients with GI bleeds and blood clots