

Background

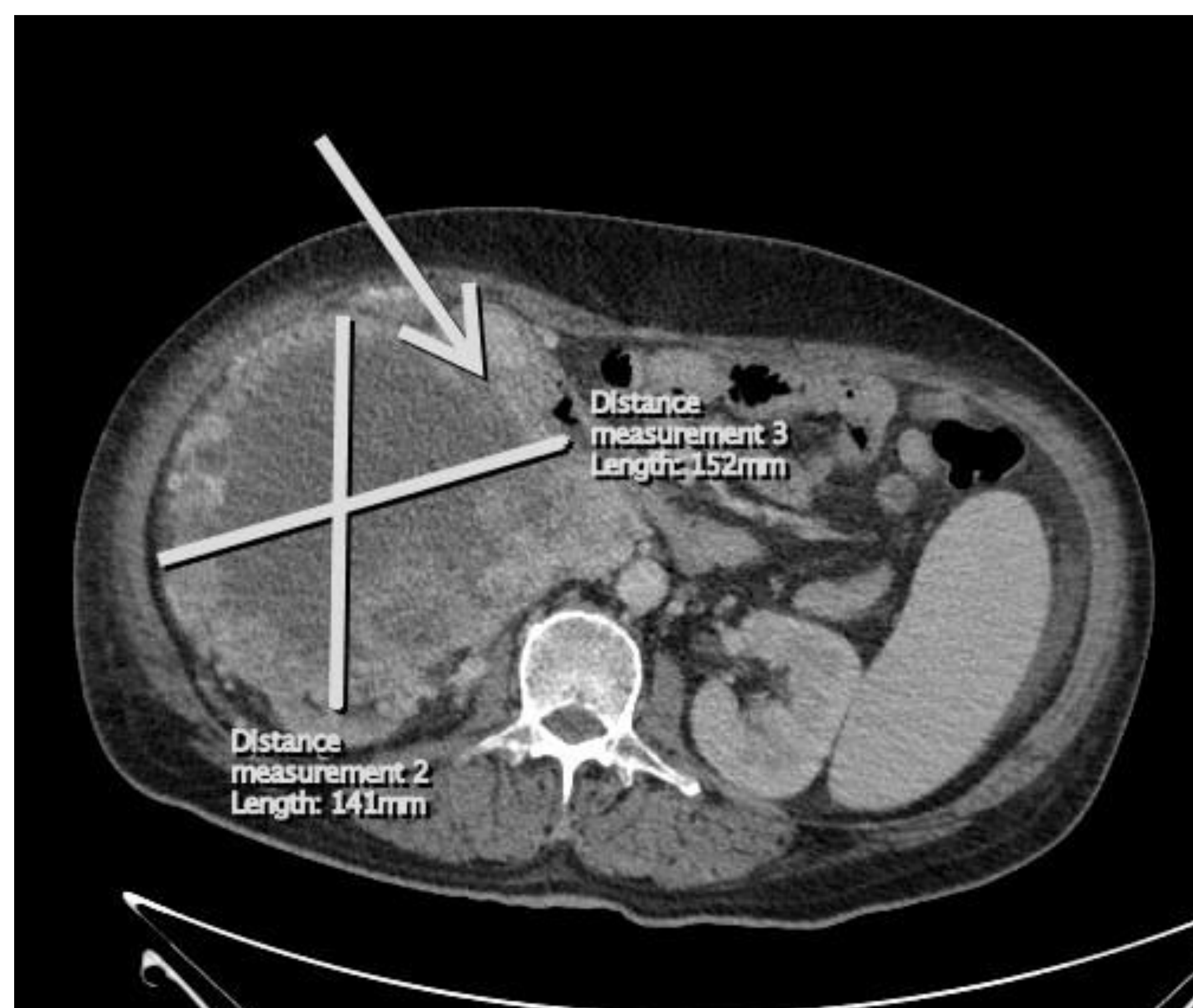
- Neoplasms of the duodenum account for a fraction of overall gastrointestinal tumors
- Duodenal lesions are more likely to be of secondary neoplastic origin than primary.
- Here we present a unique case of primary renal cell carcinoma diagnosed on EGD.

Case Report

- History of Present Illness:
 - A 55-year-old male with a history of alcohol use disorder presents for lightheadedness, fatigue, and 100-pound unintentional weight loss over 3 months.
- Physical Exam:
 - Hypotensive, tachycardic, jaundiced
- Laboratory data:
 - Hemoglobin 4.4 g/dl
- EGD:
 - Large partially obstructive, infiltrative, and ulcerated mass with no bleeding in the second part of the duodenum
- Imaging:
 - CT A/P: Heterogeneous, centrally necrotic right renal mass causing mass effect on the duodenum, right hemi colon, and hepatic flexure
- Histology:
 - Duodenal mass biopsy revealed clear cell carcinoma of renal origin with mucosal ulceration



EGD: 2nd portion of duodenum with ulcerating mass



CT Abdomen/ Pelvis showing large renal mass

Clinical Course

- Subsequent pulmonary nodule biopsy was unequivocal for metastasis
- Patient was discussed in tumor board
- Deemed to be a candidate for cytoreductive surgery with partial duodenal resection
- Pending further metastasis workup

Discussion

- This case highlights the importance of considering all neoplasms of extraintestinal origin when duodenal lesions are identified endoscopically.
- Duodenal malignancies are often secondary to either metastasis or direct invasion
 - Direct invasion is most commonly due to gastric, colonic, and ovarian malignancies
 - Duodenal metastasis/direct infiltration from renal cell carcinoma is rare due to retroperitoneal location
- Reasons for rare presentation:
 - Delay in care and large tumor size
- Common presenting symptoms
 - gastrointestinal hemorrhage, obstruction, perforation, intussusception, obstructive jaundice.