

Pancreatic Adenocarcinoma with Duodenal Metastasis Presenting as Acute Pancreatitis

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Introduction

- Pancreatic adenocarcinomas account for 3% of all carcinomas in the USA
- Majority are adenocarcinomas
- Most common presenting symptoms are fatigue, weight loss, abdominal pain
- We present a rare case of pancreatic adenocarcinoma with duodenal metastasis presenting as acute pancreatitis

Case Presentation

- 65-year-old female with PMHx of hypertension and alcohol use
- Presented due to acute epigastric abdominal pain
- Labs significant for lipase level 5,800 U/L
- CT abdomen/pelvis revealed acute pancreatitis and inflammation in duodenum
- Patient treated for acute pancreatitis with IV fluids and had improvement in symptoms
- Day 3 patient had sudden onset of abdominal pain, rising LFTs, and fever
- HIDA scan negative
- EUS and ERCP revealed lesion in ampulla of vater and a 1 x 1.1 cm mass in the uncinate process of the pancreas
- Biopsy of duodenal and pancreatic masses revealed poorly differentiated adenocarcinoma with signet ring features
- Patient was discharged to home with outpatient gastroenterology follow up

Pancreatic adenocarcinoma can rarely metastasize to the duodenum.

Pancreatic adenocarcinoma should be considered in patients presenting with idiopathic acute pancreatitis.

Discussion

- Pancreatic carcinomas can be composed of exocrine or endocrine cells
- Over 95% of them are exocrine, and of these 95% are adenocarcinomas
- Only potentially curative treatment is surgical resection
- Due to late presentation, only 15-20% of patients are surgical candidates
- 5-year survival rate after complete resection is 30% for node-negative disease and 10% for node-positive disease
- Usually metastasizes to the liver, peritoneum, and lungs
- Rarely metastasizes to the duodenum
- Patients can uncommonly present with episode of acute pancreatitis
- Studies have shown that patients with this presentation may have a survival advantage due to an earlier stage of diagnosis
- Pancreatic adenocarcinoma should be considered in patients presenting with idiopathic acute pancreatitis, and duodenal metastasis should be considered in patients with pancreatic adenocarcinoma

References

1. Dzeletovic, I, et al. Pancreatitis before Pancreatic Cancer. J Clin Gastroenterol. 2014; 48(9): 801-805