

A Case of Metastatic Duodenal Adenocarcinoma to the Adnexa

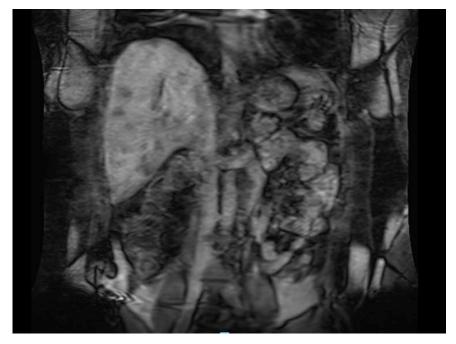
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Patient AC

- Hx of anemia with 8lb/mo weight loss
- MRI Jan 2019with innumerable liver masses
- No mass lesion in colon on CSY
- CT showed thickening of third portion of duodenum



1/1/19 MRI Abdomen





1/10/19 CTAP



Patient AC 0544350

- IR liver biopsy with mucinous adenocarcinoma
- CA 19-9 544, AFP 3, CEA 312
- Improved anemia with CAPOX
- Enlargement of R adnexal mass, liver mets shrinking
- Radiology consulted for bx



5/1/19 CTAP



Radiological Approach

- Proximity to inferior epigastric vessels, iliac vessels
- Directly inferior to full bladder on scan, lateral to loops of bowel
- Approximately 7cm deep



5/1/19 CTAP



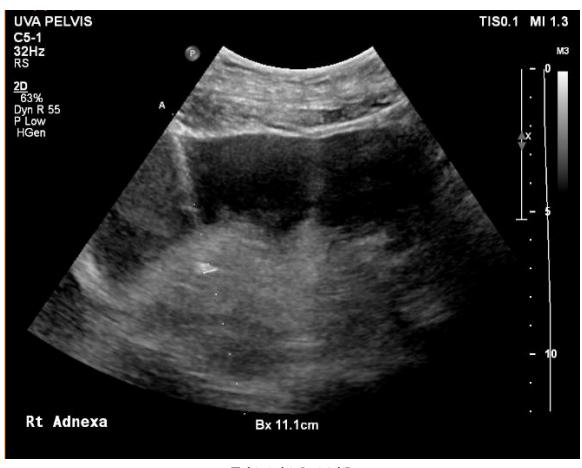
Radiological Approach

- Needle inserted under U/S guidance
- Area of posterior necrosis was targeted
- Bladder emptying facilitated visualization
- Bowel loops pushed out of the way with probe



5/11/19 U/S



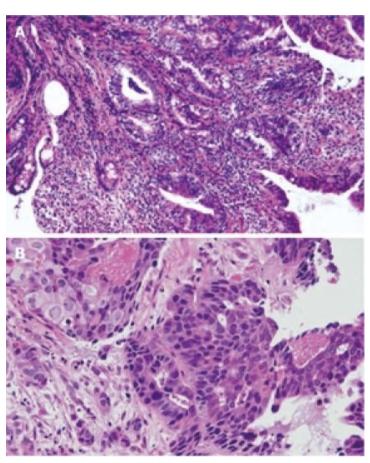


5/11/19 U/S



Pathology

- Small bowel adenocarcinoma much less common than colonic primary
- Usually advanced stage upon discovery
- M = F, 40-70yo
- Associated with Lynch Syndrome

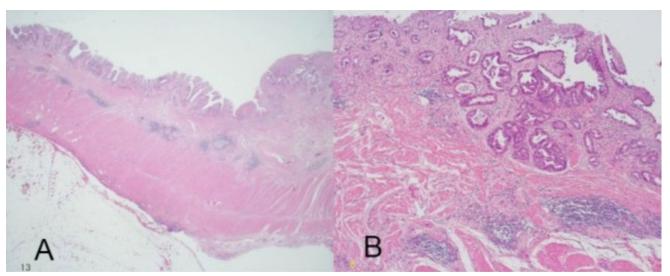


A) H&E 100x B) H&E 400x



Pathology

Often mucin-producing



A) H&E 100x B) H&E 400x



References

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- Terada T. Malignant tumors of the small intestine: a histopathologic study of 41 cases among 1,312 consecutive specimens of small intestine. Int J Clin Exp Pathol. 2012;5:203–209
- Zar N, Garmo H, Holmberg L, Hellman P. Risk of second primary malignancies and causes of death in patients with adenocarcinoma and carcinoid of the small intestine. Eur J Cancer 2008; 44:718.