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Unusual Finding of Adenocarcinoma in Stricture of Jejunum in a Patient With Chronic Pain Abdomen

KEYWORDS: stricture jejunum, adenocarcinoma of jejunum, rare case

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ABSTRACT *Chronic abdominal pain is a very common complaint in many middle-aged and elderly women. Especially in developing countries like ours, these patients receive analgesics over a long period or are often left undiagnosed. We present a case of a 65 year old woman with chronic abdominal pain, with different diagnoses suggested in various investigations, found to have a stricture in the proximal jejunum during surgery, which was histopathologically reported as adenocarcinoma.*

INTRODUCTION:
We present a case of a 65 year old female who was having chronic pain abdomen of 6 months duration without any other symptoms. After exploratory laparotomy, a proximal jejunal stricture was found, which was proved to be adenocarcinoma on histopathological examination. It is an unusual presentation of small bowel adenocarcinoma, which usually presents with features of obstruction. Small bowel tumours are rare and are diagnosed late due to non-specific symptoms. Our case highlights the importance of thorough investigation in all cases of chronic pain abdomen.

CASE HISTORY:
A 65 year old female came to our out-patient department with history of pain abdomen since more than 6 months, occurring on and off, colicky in nature. She had no history of vomiting, constipation, diarrhea, bleeding per rectum or symptoms suggestive of acid peptic disease. She was not a known diabetic or hypertensive. She was not on any regular medication. She had undergone many investigations over a 6 month period at various centres without getting any proper diagnosis.

When she reported at our institution, her vitals were stable; on examination, there was tenderness in the umbilical and left hypochondrium region.

Ultrasonography of the abdomen showed fatty liver and bulky pancreas without any other abnormalities. Serum amylase was found to be normal.

CT scan of abdomen was suggestive of bowel within bowel appearance of jejunal segment with target sign, indicative of jejuno-jejunal intussusception.

SURGERY FINDINGS:
On exploratory laparotomy, we found an annular stricture in the jejunum about 10cm distal to the duodeno-jejunal junction with dilatation of the bowel proximal to the stricture upto the DJ junction. There were dense adhesions between dilated bowel segment and omentum. There was no free fluid in the abdomen. Rest of the bowel was normal. Liver and spleen looked grossly normal. Adhesiolysis was done and stricturous segment of jejunum was resected with good margins and end-to-end anastomosis was done.

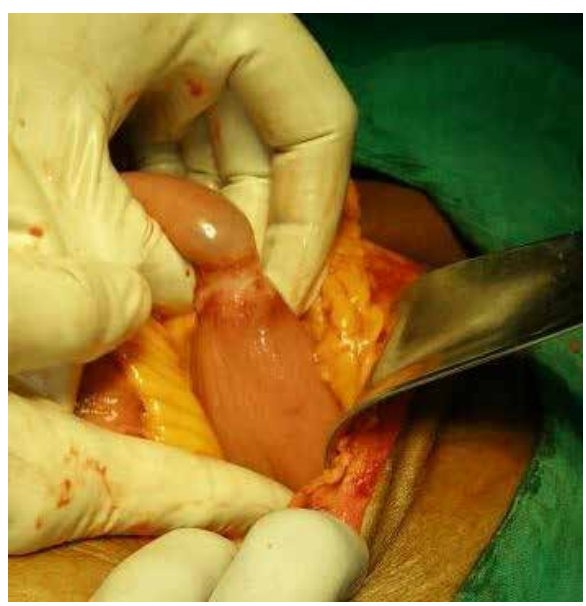

FIGURE 1. STRICTURE IN THE JEJUNUM ABOUT 10CM FROM DUODENO-JEJUNAL JUNCTION

POST-OPERATIVE PERIOD:
Post-operatively the patient recovered well, with active bowel sounds on the 2nd post-operative day. She passed stools on the 4th post-operative day. Patient was discharged on the 6th post-operative day.

The histopathological report of the specimen showed an infiltrating moderately differentiated adenocarcinoma.

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DISCUSSION:

Chronic abdominal pain is a common ailment in the female population (various case studies reporting incidence from 2[1]- 15% of the female population). Most patients are evaluated for menstrual causes, cholelithiasis, acid-peptic disease or bowel infections. Our patient has had an array of diagnoses suggested after undergoing different investigative modalities with ultrasound showing a normal study, CT scan reported as suggestive of intussusceptions. The operative finding was a stricture of the jejunum. The final histopathological diagnosis was a primary adenocarcinoma of the jejunum.

Malignant small intestine tumours account for 0.1-0.3%[2] of all malignancies and 1-2%[3] of gastrointestinal malignancies. Primary adenocarcinoma of jejunum is seen in 11-25%[4] of all small bowel tumours.

The peak incidence is in the 7th decade of life and there is a slight male preponderance. Many of these tumours are associated with Crohn's[5] disease and are seen more commonly in the ileum. The usual presentation of the patient is with anemia, overt gastrointestinal bleeding[6], intussusception[7] or obstruction[8,9,10]. Tumours of the jejunum may also present with vague abdominal pain and weight loss. Hence, patients with these tumours usually present at a late stage. Another cause for delay in diagnosis is the inaccessibility of the tumour to endoscopic evaluation. A barium small bowel follow through and CT scan abdomen are the gold standard investigations. Push bowel endoscopy, Double Balloon enteroscopy[11] and Capsule endoscopy[12] are recent advances that aid in diagnosis of jejunal tumours. Five year survival rate after resection of the tumour along with mesentery is between 20-30%[13].

CONCLUSION:

Our case has highlighted the fallacies of our highly depended investigative modalities. The trend in our diagnostic processes has been more towards radiological investigations, rather than clinical evaluation. We tend to second-grade our clinical acumen and capabilities in view of the expansive possibilities of these investigations. Also, women presenting with chronic abdominal pain are waved off as having Pelvic inflammatory disease, Acid-peptic disease, or bowel infection. We cannot emphasize enough the need for thorough investigation and treatment of all cases of pain abdomen, especially in females; and later on, regular follow-up of the patient, so that a hidden malignancy may not be missed, which may later on increase the burden of morbidity and mortality on the patient as well as our health system.

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