



PROLONGED SURVIVAL IN PERIAMPULLARY MALIGNANT ADENOCARCINOMA- A Case Report

General Surgery

Dr. Maulik Sharma*

Postgraduate, Department of General Surgery, Mahatma Gandhi Medical College, Jaipur.
*Corresponding Author

Dr. Rajkamal Kanojija

Professor & Unit Head, Department of General Surgery, Mahatma Gandhi Medical College, Jaipur

ABSTRACT

Periampullary cancer is used for neoplasms which arise from the head of pancreas, ampulla of Vater, distal bile duct and periampullary region of duodenum. Out of these, the pancreatic adenocarcinoma carries worst prognosis with mortalities occurring within the 1st year. The overall 5-year survival is <3%. Studies show that Ca Pancreas has the shortest median survival of 17.1 months of all the periampullary carcinomas. When metastasis develops, the median survival reduces to 3–6 months. We are hereby reporting a case of periampullary adenocarcinoma that did not received chemotherapy due to poor tolerance and yet managed to survive far beyond the reported median survival.

KEYWORDS

Adenocarcinoma, pancreas, periampullary, prognosis

INTRODUCTION

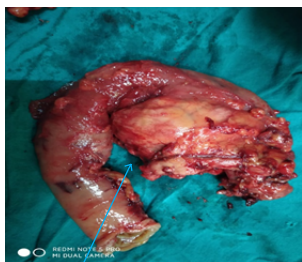
Pancreatic adenocarcinoma is the most common periampullary cancer, with an incidence of 9 in 100,000 cancers in the US annually.[1-3] Obstructive jaundice is the most common presentation in 65–75% of patients while other features may be pain, weight loss, anorexia, elevated liver enzymes and new-onset diabetes mellitus or pancreatitis.[2] Ca 19-9 which is a tumour marker is raised in 75% of the cases. Diagnostic imaging includes computed tomography (CT) scan, magnetic resonance imaging scan, endoscopic retrograde cholangiopancreatography (ERCP) and endoscopic ultrasound (EUS) which can also help in taking tissue for histological diagnosis.[2,4] Treatment options include pancreatoduodenectomy, leading to increase in 5-year survival of the patients. Other palliative options include palliative surgery, endoscopic stenting and/or chemotherapy.[4] Locally advanced nonmetastatic periampullary pancreatic Ca has a median survival of 6–10 months.[5] However, in malignant conditions, median survival reduces to 3–6 months.[5,6]

In this paper, we present a case of an elderly male diagnosed as periampullary cancer and still surviving one year after diagnosis. The case was chosen due to its unusual course and unexpectedly prolonged survival.

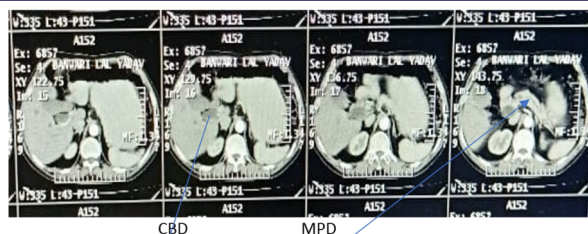
Case Report

A 68-year-old male, known hypertensive and diabetic, post CABG, presented to the General Surgery in February 2019, with a history of pain abdomen, progressive jaundice since 6 months. On examination, he was jaundiced and emaciated. His initial workup done before presentation to the hospital included a CT scan of the abdomen obtained in January 2019, which showed dilated CBD with intrahepatic biliary radicles dilatation with abrupt cut off in distal end. His ERCP revealed bulky ampulla. Biopsy was negative for invasive malignancy. Patient was counselled for Endoscopic ultrasound but refused. Patient was planned for Whipple's Procedure. Surgical pathology showed well differentiated adenocarcinoma. The patient was discussed in oncology and a PET Scan was advised which revealed uptake of FDG in the mesentery and paracolic gutter.

He was discharged from the hospital in a stable clinical condition with improving liver function tests. Patient is still following up in OPD.



GROSS SPECIMEN WITH AMPULLARY MASS



CT SHOWING DILATED CBD AND MPD WITH ABRUPT CUT IN DISTAL END

DISCUSSION

Periampullary tumours are the tumours arising within 2 cm of the major papilla in the duodenum and include pancreatic adenocarcinoma, distal bile duct and periampullary duodenal carcinomas.[1,4,7] Ampullary carcinomas arise in ampulla of Vater and account for 0.2% of gastrointestinal tract tumours and 6% of periampullary cancers.[1,7] Clinically, it is necessary to differentiate between ampullary and periampullary tumours due to the significance in imparting prognosis and resectability of the tumour.[1] Ampullary carcinomas carry a better prognosis[1,7] with 5-year survival ranging from 34 to 45%.[1] Most of the patients with pancreatic adenocarcinoma present at a later stage carrying a poor prognosis.[1] Resectability of the tumour is possible in 15% of cases increasing the long-term survival in almost 25% of patients.[8] 95% of patients die within 1 year and 5-year survival after a curative surgery is only 5–20%, making pancreatic adenocarcinoma, the worst periampullary cancers.[1] Metastatic periampullary pancreatic cancer shows a lower median survival of 3–6 months.[6] Periampullary pancreatic adenocarcinoma presents clinically with jaundice and abdominal pain. Other symptoms are weight loss and anorexia. Newly onset diabetes mellitus can also be a form of presentation.[2,8] Most periampullary tumours are adenocarcinomas.[4] Radiological workup for pancreatic cancer includes a CT scan which generally points the diagnosis in 95% of the cases. In periampullary carcinoma, endoscopic retrograde cholangiopancreatography is also a part of diagnostic workup having a therapeutic role as well in case of obstructive symptoms with placement of a stent.[8] Endoscopic ultrasound has a role in staging by assessing the depth of invasion and involvement of peripancreatic lymph nodes and also obtaining fine-needle aspiration and brushings for cytology.[4] As far as the treatment modalities are concerned, surgical resection of periampullary malignancies is the only possible way of improving long-term survival; however, the resectability rate for pancreatic malignancy is low as much as 20%.[1]

Metastatic pancreatic cancer has a poor prognosis and carries a low median survival of 3–6 months only. Treatment of metastatic pancreatic cancer is a challenge, the standard cytotoxic agent being gemcitabine. Despite response rate being poor, it shows clinical benefit by improving quality of life.[6,9] Patients on treatment with gemcitabine have a median survival of 6.2 months and a 1-year survival of almost 20%.[10] Combinations consisting of gemcitabine along with several other chemotherapeutic agents including

capecitabine, irinotecan, cisplatin or oxaliplatin have been studied in trials and do not show any major advantage in survival of the patients.[9,10] A combination of gemcitabine and epidermal growth factor, tyrosine kinase inhibitor erlotinib is approved by the Food and Drug Authority having an important survival in the long term.[10] Review of literature indicates a very low median survival associated with metastatic pancreatic periampullary malignancy with chemotherapy. As In our case, he did not receive any chemotherapy and is still surviving after diagnosis and 12 months with no treatment. The prognosis for periampullary carcinoma in the resected patient being better than pancreatic adenocarcinoma, but is dismal in case of metastatic disease. So far, no prognostic factors have been discovered which can be utilised to treat specifically to each patient.

Conflict of ideas: None

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