RARE PRESENTATION OF PANCREATIC TUMOR: DIAGNOSTIC DILEMMA

K. Nischal[1], Asadulla Baig[2], Rakesh N. Reddy[3], Gourav Prasad[4]

[1]Professor, Department of General Surgery, Sri Devaraj Urs Medical College, Tamaka, Kolar.
[2]Assistant Professor, Department of General Surgery, Sri Devaraj Urs Medical College, Tamaka, Kolar.
[3]Assistant Professor, Department of General Surgery, Sri Devaraj Urs Medical College, Tamaka, Kolar.
[4]Assistant Professor, Department of General Surgery, Sri Devaraj Urs Medical College, Tamaka, Kolar.

ABSTRACT

Pancreatic cancer is one of the leading cause of death in men. Adenocarcinoma arising from the head is most common than the tumour arising from the body or the tail. Jaundice is the most common symptom. Patients present at a very late stage. Carcinoma arising from the body and tail are silent tumours, patients with these tumours present at a very advanced stage. Here we report a very rare case of pancreatic carcinoma arising from the body of the pancreas in a female and its management.

KEYWORDS

Pancreatic Cancer, Carcinoma, Lymphadenopathy, Hyperechoic.

HOW TO CITE THIS ARTICLE: Nischal K, Baig A, Reddy RN, Prasad G. "Rare presentation of pancreatic tumor: Diagnostic dilemma". Journal of Evolution of General Surgery and Laparoscopy 2015; Vol. 1, Issue 1, July-December 2015; Page: 10.

CASE REPORT

A 65-years-old female presented with history of pain abdomen and loose stools since 1 week. History of loss of weight and appetite since 1 month. No history of hematemesis or melena. No history of jaundice. She was anaemic with no significant lymphadenopathy. On examination a solitary tender hard mass measuring around 15x 17 cm was present occupying the epigastrium and left hypochondrium. Mass does not move with respiration. Ultrasound sound shows a hyperechoic mass present just below the pancreas. CT scan showed a mass measuring 4x 3cm arising from the body of the pancreas.

DISCUSSION

Pancreatic tumours are rare with high mortality rates. Patients with pancreatic carcinoma present late with vague symptoms, due to this mortality also increases.[1] Most commonly seen in men usually between 6th to 8th decades of life. Etiological factors for pancreatic tumours are tobacco, alcohol, African American origin, chronic pancreatitis, obesity, high fat and cholesterol diet etc.[2] Tumours of the head of the pancreas are more common than the tumours arising from body and tail. The usual symptoms at presentation is jaundice for tumours from head of the pancreas whereas the patient with tumour from body and tail present at a very advanced stage. Pancreatic ductal carcinoma arises from ductal epithelial cells.

Clinical diagnosis depends mainly on the anatomic location and imaging. Tumor marker are helpful in diagnosis and evaluation of prognosis of the tumor. Commonly used tumor markers are CEA, CA 19 9 and DUPAN 2. Among all the tumor markers, CA 19 9 is more specific.[3] recently screening strategies have been developed for pancreatic tumors.

Patients with familial pancreatic cancer, obese patients with diabetes more than 60 years of age are candidates for screening. Endoscopic ultrasonography is the investigation of choice for pancreatic tumors. The advantage of EUS is FNAC can be taken for lesions measuring 2 to 5mm. The common presenting symptom is intolerable pain, jaundice in case of tumor arising from the head of the pancreas due to obstruction of common bile duct. Tumors from the body usually present with epigastric mass and pain.

Resectability of the tumor depends on the size, tumor extent, nodal involvement and SMV–PV involvement. Pancreaticoduodenectomy, distal pancreatectomy are the commonly done procedure followed by chemo-radiation. Gemcitabine is the common chemo drug advised. Biliary stenting is done in case of bile duct obstruction.

If the tumor is non resectable, palliative treatment along with chemotherapy is advised.

CONCLUSION

Pancreatic tumours are a rare with high mortality. They usually present at a very advanced stage. When the tumour is non resectable, palliation is the treatment of choice. Better palliation can be achieved by chemotherapy using gemcitabine. Rarely these tumours are resectable. Prognosis of these tumours depends on the location, staging and metastasis.

REFERENCES

1. Ries L, Melbert D, Krapcho M, et al. SEER cancer statistics review, 1975â€“2004. Based on November 2006 SEER data submission, posted to the SEER Web site, 2007. Bethesda, MD: National Cancer Institute, 2007.
2. Lowenfels AB, Maisonneuve P. Epidemiology and risk factors for pancreatic cancer. Best Pract Res Clin Gastroenterol 2006; 20:197.
3. Ferrone CR, Finkelstein DM, Thayer SP, et al. Perioperative CA 19-9 levels can predict stage and survival in patients with resectable pancreatic adenocarcinoma. J Clin Oncol 2006; 24:2897.

Financial or Other, Competing Interest: None.
Submission 03-12-2015, Peer Review 04-12-2015,
Acceptance 18-12-2015, Published 21-12-2015.
Corresponding Author:
Dr. K. Nischal,
Professor, Department of General Surgery,
SDUMC, Kolar.
E-mail: knischal697@gmail.com