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Case Report

Small bowel adenocarcinoma of the jejunum

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ABSTRACT

Jejunal adenocarcinoma is an unusual type of gastrointestinal malignancy. The symptoms are vague, such as abdominal pain, nausea, vomiting, and, in some cases, weight loss. Due to this vague presentation as well as lack of definitive imaging techniques, diagnosis tends to be delayed and patients typically present at later stages. We present a case of a patient who presented with acute onset abdominal pain. Imaging revealed the presence of a suspicious lesion of the jejunum, with a 3,6 extension. The patient underwent a laparoscopy segmental intestinal resection and omental lymph node resection. The lesion was a 3-cm mass at proximal jejunum. The jejunum adenocarcinoma is a rare neoplasm of the small bowel. The curative resection at the early stages is still the best treatment.

Keywords: Small bowel adenocarcinoma of the jejunum

INTRODUCTION

Small bowel adenocarcinomas are rare malignant tumours that account for less than 2% of gastrointestinal tumours.[1] Adenocarcinoma comprises an estimated 30-40% of small bowel neoplasms.[2] Jejunum adenocarcinoma accounts for 29% of the small bowel adenocarcinoma. The clinical presentation is unspecific; a patient might complain of nausea, vomiting, abdominal pain, small bowel obstruction, and small bowel bleeding. Due to the rarity of this disease, there are very few established guidelines for its management, and it has been primarily treated the same way as colorectal cancer, even though patient's prognostic outcome is worse.[3]

METHODS

A man in his 60s was admitted in the emergency room with abdominal pain, asthenia and adynamic for about 1 month. He also referred a weight loss of around 15 kilograms in the past three months. The physical exploration revealed a right inferior quadrant pain. There was no relevant medical or family history. Laboratory tests revealed severe microcytic anemia (Hemoglobin 6.8 g/dl). After stabilization, an abdominal CT scan was performed, showing thickening of the jejunal wall, around 3,6cm length and jejunal distension. The patient underwent a laparoscopy segmental intestinal resection and omental lymph node resection. The lesion was a 3 cm mass at proximal jejunum (Figure 1, 2 and 3). Enterectomy was performed with 5 cm proximal and distal margins and a mechanical anastomosis.

RESULTS

The pos-operative period was uneventful. The patient was seen in the general surgery clinic two weeks after the surgery. After the histopathology report, it staged as moderately differentiated adenocarcinoma with no lymph nodes metastasized, chest and abdomen CT were clean. Jejunal and ileal tumors can generally be treated with segmental resection. The surgical margins were clean. Due to the low incidence of small bowel adenocarcinoma, it is still challenging to diagnose and go with a fixed surveillance plan. The patient is well with no complaints and no recurrence till the moment.

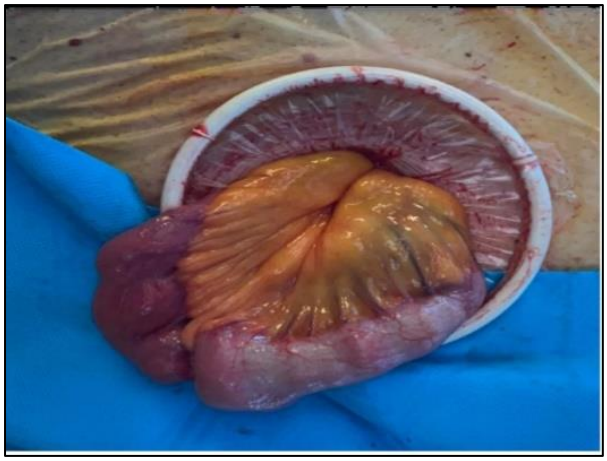

Figure 1: Intra operative findings.

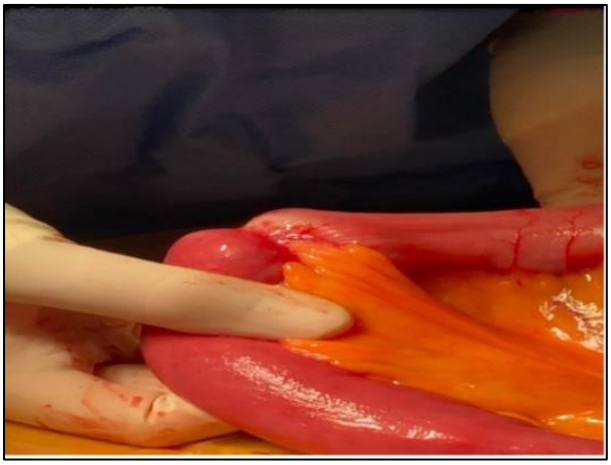

Figure 2: Intra operative findings.

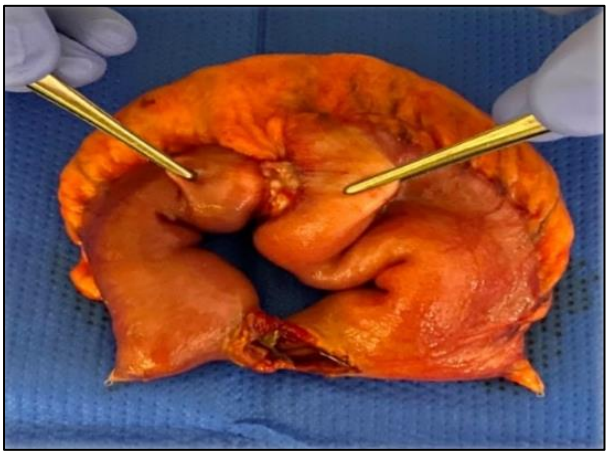

Figure 3: Post operative specimen.

DISCUSSION

Small bowel adenocarcinoma is extremely rare. Despite a complete diagnostic workup, the correct diagnosis has been established preoperatively in only 50% of cases.[4,5] The diagnosis is delayed because symptoms are non-specific and small intestine is not totally accessible to endoscopic examination. It usually manifests through complications like occlusion (40%) or bleeding (24%). This neoplasm is often diagnosed at advanced stages, the outcome is generally poor with a 5-year survival of less than 30% and median survival of 19 months. Risk factors include lifestyle factors such as the excessive consumption of red meat, smoking, and alcohol intake. Risk factors also include predisposing diseases, such as Crohn's and celiac disease, familial adenomatous polyposis, and Peutz-Jeghers syndrome. At this time there weren't any genetic syndromes evaluated in the patient. No family history of cancers, and the patient was medically free, with no symptoms of Crohn's or celiac diseases. So, there weren't any syndromes suspected.

The symptoms are not specific, and most cases are chronic presentations with over three months of development, such as in this study's case report.[6,7] In this study's case report, the presented abdominal pain and anaemia symptoms were associated with vomiting with weight loss. The understanding of this rare cancer warranted the establishment of specific guidelines, like French intergroup clinical practice guidelines and NCCN clinical practice guidelines in oncology.[8,9] Both agree in surgical resection as the curative treatment, depending on factors related to the tumour and the patient. For adenocarcinoma located in the jejunum, segmental resection with lymph node dissection is recommended. In stage I, like in this clinical case, treatment recommendation is surgery only.[10,11] Follow-up is done during the first 5 years and includes clinical history, physical examination, CEA and/or CA 19-9 measurement and chest, abdominal and pelvic CT scans.[12]

CONCLUSION

Small bowel adenocarcinoma is rare and has a poor overall survival. The diagnosis and management of small bowel adenocarcinoma is a challenge to the physicians. The R0 resection with complete lymph node dissection are the cornerstone of the treatment.

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Ethical approval: Not required

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