



A Rare Case of Aggressive Duodenal Adenocarcinoma - Role of Primary Care Physicians

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Abstract

The present case study is about a rare and aggressive duodenal adenocarcinoma in 44 year old young man in Qatar. Because of its rarity, the previous studies have traditionally combined Duodenal Adenocarcinoma (DA) with either periampullary cancers or other Small Bowel Adenocarcinomas (SBA).

Keywords: Duodenal adenocarcinoma; Primary care; Gastrointestinal; Family physicians; SBA

Introduction

Cancer detection in the primary care can be challenging in view of patients presenting with vague symptoms [1]. Some diagnoses are easy for general practitioners, some are hard, and some are nearly impossible [2]. In Qatar, as per the Globocan 2018 statistics, there were 142 cases (11.3%) of gastrointestinal cancers out of a total of 1,260 cancer cases [3]. The present case study is about a rare and aggressive duodenal adenocarcinoma in 44 year old young man in Qatar. Because of its rarity, the previous studies have traditionally combined Duodenal Adenocarcinoma (DA) with either periampullary cancers or other Small Bowel Adenocarcinomas (SBA).

Case Presentation

A 44-year-old gentleman who was previously fit and well presented to my clinic at PHCC Health Centre. He reported 10 days history of flu like symptoms initially followed by 4 days history of shortness of breaths, abdominal pain and distension and bilateral lower limb swelling. On examination, his vital signs were normal and systemic examination revealed icterus, hepatomegaly, epigastric fullness and bilateral pedal edema. In view of symptoms and positive examination findings the patient was referred to ED. Initial investigations at hospital revealed leucocytosis 14, hemoglobin 12, MCV 91, Platelet 296, INR 1.2 and UE: Na⁺ 137, K 4.4 Urea 7.6 Creatinine 59, and LFT showed Bilirubin 55, ALT 158, ALP 688, AST 174, Alb 26, CcA 2.72 and AFP 2. CT Abdomen showed significantly enlarged liver with coarse, irregular, multiple soft tissue lesions with central necrosis, highly suspected of metastasis rather than primary, lymphadenopathy was also noted. Liver biopsy and PET scan confirmed primary as Duodenal Adenocarcinoma. GI Oncology MDT decided patient is not fit for surgery or chemotherapy due to his poor performance status. Symptomatic and palliative approach was undertaken after close discussions with the family. He was declared dead after a rapid decline within 17 days from the first presentation to primary care.

Discussion

Duodenal adenocarcinoma is a rare but aggressive malignancy. Its frequency is <1% of all gastrointestinal cancers [4]. It usually presents late with nonspecific symptoms such as abdominal pain, fatigue, weight loss and nausea. In the advanced disease, signs of anemia, gastrointestinal obstruction and jaundice are clearly seen. Regardless of presentation, aggressive surgical resection, when possible, affords the best chance at survival. Metastatic or unresectable presentations have poor prognosis with median survival ranging from 2 to 8 months.

Conclusion

High index of suspicion is required in timely diagnoses of cancers in patients presenting with vague symptoms. In addition, thorough examination and prompt referral *via* urgent 48 h pathway is vital in early diagnosis of cancers. Family Physicians also play vital role in providing holistic care which includes physical, psychological, and some social aspects of cancer care. Primary care is well placed to have an expanded role in early diagnosis and coordinating care for cancer survivors and their families.

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