

2nd Department of Medical Radiology, Medical University of Lublin
Department of Traumatology, Medical University of Lublin

INGRID RÓŻYŁO-KALINOWSKA, JERZY KARSKI, JERZY WOŹNICA,
JANUSZ ZŁOMANIEC

Primary adenocarcinoma of the jejunum – a case report

Primary adenocarcinomas of the small intestine are rare neoplasms and account for only approximately 1-3 % of all gastrointestinal tract malignancies (3, 11, 12, 13). They appear mainly after the 40th year of age and the morbidity rises constantly in higher age groups (1, 12). The clinical presentation is usually uncharacteristic and includes abdominal pain, nausea, vomiting, gastrointestinal tract bleeding, palpable abdominal mass, constipation, iron deficiency anemia, weight loss, ileus and “acute abdomen” caused by perforation of the intestinal wall (5, 13) or even pseudogastroparesis (7). It is believed that proper preoperative diagnosis is attainable in about 30% patients (1, 4), more often in cases of duodenal and proximal jejunum tumours than in patients in whom the pathological process is located in distal parts of the small intestine (4, 5, 6). The five-year survival rates range from 0 to 30% and most studies report rates between 22 and 28% (1, 13). The survival figures appear to correlate with stage at presentation, therefore in order to improve the treatment outcome, the diagnosis must be done at an early stage (2).

CASE REPORT

A 45-year-old woman (case record number 943/98) presented with ambiguous abdominal complaints. A small bowel follow-through examination in conjunction with an upper gastrointestinal series was performed. In the left mesogastrium there was a segmental widening of a small bowel loop to 55 mm with distally located extensive, irregular narrowing at a distance of 6 cm (Fig. 1). Numerous filling defects were observed at this level (Fig. 2). Radiological image suggested the presence of small intestine expansive process with an irregular surface.

The patient was admitted for surgery, which discovered an expansive tumour of 6.5 cm in diameter protruding into the jejunal lumen. The mass was reported as *adenocarcinoma male differentiatum intestini tenni G-3*.¹ The resected regional lymph nodes were free from neoplastic disease.

¹ The histopathological examination (number 301/98) was performed in the Department of Pathomorphology of the Medical University of Lublin.



Fig. 1. In a small bowel follow-through examination there is a focal irregular narrowing of a small bowel loop with a segmental widening of its proximal part



Fig. 2. Numerous filling defects and destroyed mucosal pattern of the affected intestinal loop are better observed on compression views

DISCUSSION

The delay in diagnosis of small intestine malignant neoplasms is attributed to the patient failing to report symptoms, to the physician not ordering the appropriate diagnostic test and to non-contributive results of imaging examinations to make the diagnosis (6). Imaging diagnostics of such tumours is difficult. Ultrasound examination and endoscopic investigations are usually unrevealing (8, 11). Although small bowel malignancy is uncommon, small bowel follow-through examination may be indicated in patients with positive stool for occult blood and no abnormality in the upper gastrointestinal series and barium enema (13). A negative small bowel series does not exclude disease of the small intestine and should provide the impetus to further pursue the possibility of an obstructing lesion (7). Enteroclysis is a relatively safe and sensitive method in detection of small bowel tumours missed on conventional examination (7, 13). In contrast small intestine studies neoplasms appear usually as areas of focal narrowing with effaced normal intestinal folds and with distention of proximally located loop. Exophytic tumours are rare, while subserosal and intramural malignancies might not be detectable in radiological examinations at all (11).

Computed tomography, apart from revealing small intestine tumour itself, allows for visualization of lesions in the peritoneum, mesentery and lymph nodes (9), whereas selective coeliacography and mesentericography may disclose a network of pathological vessels (12). Magnetic resonance imaging of the small bowel can be optimized by oral application of contrast medium and particularly by such application in combination with enteroclysis (10).

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SUMMARY

A case of adenocarcinoma of jejunum is reported. Although survival figures in adenocarcinoma of the small bowel appear to correlate with early presentation, due to poor specificity of the symptoms a preoperative diagnosis is very seldom. Therefore, in order to improve the treatment outcome, the diagnosis must be done at an early stage. Thus there are discussed imaging modalities applied in diagnostics of this rare pathology.

Pierwotny gruczolakorak jelita czczego – opis przypadku

Przedstawiono opis przypadku gruczolakoraka jelita czczego. Choć przeżycie w przypadkach gruczolakoraków jelita cienkiego zależy od ich wczesnego wykrycia, to ze względu na mało charakterystyczne objawy przedoperacyjne rozpoznanie należy do rzadkości. W celu poprawienia wyników leczenia rozpoznanie musi być postawione w jak najwcześniejszej fazie rozwoju choroby. Dlatego też w pracy omówiono metody badań obrazowych stosowanych w diagnostyce tego rzadkiego schorzenia.