

Duodenal cancer in young age : report of a case

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**Introduction:** Duodenal cancer is a cancer in the first section of the small intestine known as the duodenum. Cancer of the duodenum is relatively rare compared to stomach cancer and colorectal cancer. Its histology is usually adenocarcinoma. Duodenal cancer is a rare but aggressive malignancy. Familial adenomatous polyposis (FAP), Gardner syndrome, Lynch syndrome, celiac disease, Peutz-Jeghers syndrome, Crohn's disease and juvenile polyposis syndrome are risk factors for developing this cancer. **Case:** A 26-years-old male patient who had no medical and family history visited emergency room due to nausea and vomiting before 3days ago. He also had epigastric pain and weight loss. In initial lab, Hemoglobin 8.5(g/dL), platelet 670( $\times 10^3$ / $\mu$ l), CEA 2.0(ng/mL) and CA19-9 41.5(U/mL) are checked. Leukocytosis is none. Abdomen-pelvis computed tomography was performed. In Abdomen-pelvis computed tomography, diffuse dilatation of the stomach and duodenum with abrupt narrowing at the duodenojejunal flexure suggesting malignancy. After admission, He received esophagogastroduodenoscopy and biopsy is performed. Biopsy results was Duodenum, 3rd portion Tubular adenoma, high grade dysplasia, Adenocarcinoma cannot be ruled out. He had Positron emission tomography-computed tomography, suspecting malignancy and several lymph nodes in small bowel mesentery. He received duodenal resection with duodenojejunostomy. Biopsy results was adenocarcinoma, moderately differentiated, tumor size 6.5 x 3 cm. Tumor perforates the visceral peritoneum. metastasis to 5 out of 15 nodes, T4N2MO. After surgery, nausea, vomiting and epigastric pain are improved. **Conclusion:** Duodenal adenocarcinoma is one of the rare case of the young age gastrointestinal tract cancer. The most common presenting symptoms are abdominal pain(43%), nausea and vomiting(16%), anemia(15%). Treatment for this rare cancer greatly depends on the stage it has been diagnosed. However, the most common and effective treatment option is surgery alone or accompanied by chemotherapy, radiation, or both. 3rd and 4th portion duodenal cancer is preferred segmental resection rather than pancreaticoduodenectomy.

