A Case of Small Duodenal Cancer

A 58-year-old man was referred to our hospital for the treatment of gastric cancer. Gastroendoscopy revealed not only a 0-IIc lesion in the antrum of the stomach but also a tiny, shallow depressed lesion in the third part of the duodenum (Fig. 1A). Magnifying endoscopy with crystal violet staining showed irregular pit pattern which suggested non-invasive tubular adenocarcinoma (Fig. 1B). Biopsy revealed papillary adenocarcinoma in the stomach and well-differentiated adenocarcinoma in the duodenum. An endoscopic submucosal dissection (ESD) was performed in the treatment of these lesions. ESD of the antral lesion was non-curative, due to the presence of histological submucosal tumor invasion and lymphatic involvement in the resected specimen. ESD of the duodenal lesion was abandoned because the lesion was not lifted by submucosal saline injection suggesting an invasive tumor. The patient subsequently underwent distal gastrectomy with lymphadenectomy and wedge resection of the duodenum. Metastasis was found in 2 perigastric-nodes out of 44 removed nodes. The duodenal tumor was well-differentiated adenocarcinoma, measuring 5 mm in diameter, and limited to the mucosa (Fig. 2). (Please note that color versions of Figs 1 and 2 are available as supplementary data at http://jjco.oxfordjournals.org).

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