



INTERNATIONAL JOURNAL OF ADVANCE RESEARCH, IDEAS AND INNOVATIONS IN TECHNOLOGY

ISSN: 2454-132X

Impact factor: 4.295

(Volume 3, Issue 6)

Available online at www.ijariit.com

Rare Case Study of Adenocarcinoma of Jejunum

Dr. Anupam Shukla

Dept. of Surgery

Resident Gen Surgery

Dhiraj Hospital, Waghodia, Gujarat

anupam_2000@hotmail.com

Dr. Mahesh Pukar

Dept. of Surgery

Prof Gen Surgery

Smt. B.K. Shah Medical Institute and Research Center,

Vadodara, Gujarat

nature_4202000@rediffmail.com

INTRODUCTION

Adenocarcinoma of jejunum is a rare malignancy of small intestine. The small intestinal mucosa makes up about 90% of the total surface of the gastrointestinal tract. However, adenocarcinomas rarely arise in this location. Small bowel adenocarcinoma accounts for 2% of gastrointestinal tumours and 1% of gastrointestinal cancer death. In the small bowel the jejunum is the commonest site followed by the duodenum and then ileum.

REVIEW OF LITERATURE

- The first collective series of malignant small bowel neoplasm was published by Leichtenstein.⁽¹⁾
- In 1990 Sellener described an adenoma-adenocarcinoma-sequence.⁽²⁾
- In 1992 Lashner reported Crohn's disease as a risk factor in developing adenocarcinomas in the small bowel.⁽³⁾
- Adenocarcinoma of jejunum is usually present as a small intestinal obstruction. The patient generally present at a late stage.

CASE REPORT

A 20 year female patient brought to causality with c/o severe pain in abdomen and vomiting since 1 week.

- O/E: Patient was having tachycardia & hypotension, the absence of anaemia & jaundice.
- Abdominal examination:
 - Guarding & Rigidity Present
 - Absent Bowel sound
 - No Palpable Lump
- Investigations:
 - Routine blood tests
 - Ultrasound of abdomen
 - X-RAY abdomen standing & chest x-ray

SURGERY

Emergency exploratory laparotomy under general anaesthesia. Intra operatively mass identified in distal part of jejunum with dilated proximal bowel & collapsed distal bowel. No signs of secondaries in liver and peritoneum. Mass excised with 5cm margin proximally & distally and the specimen has sent for histopathology.

Post op period was uneventful. Pt was discharged after two weeks.

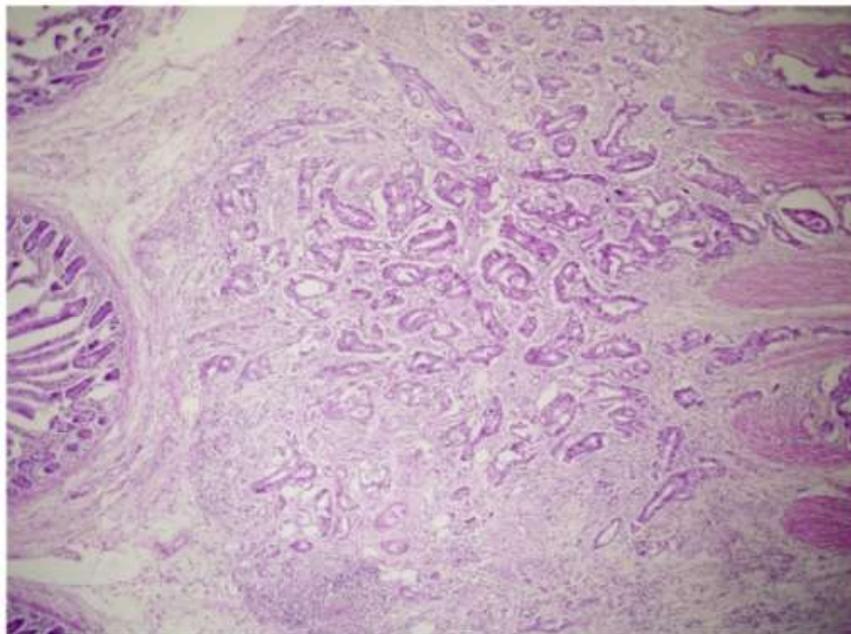
HISTOPATHOLOGY

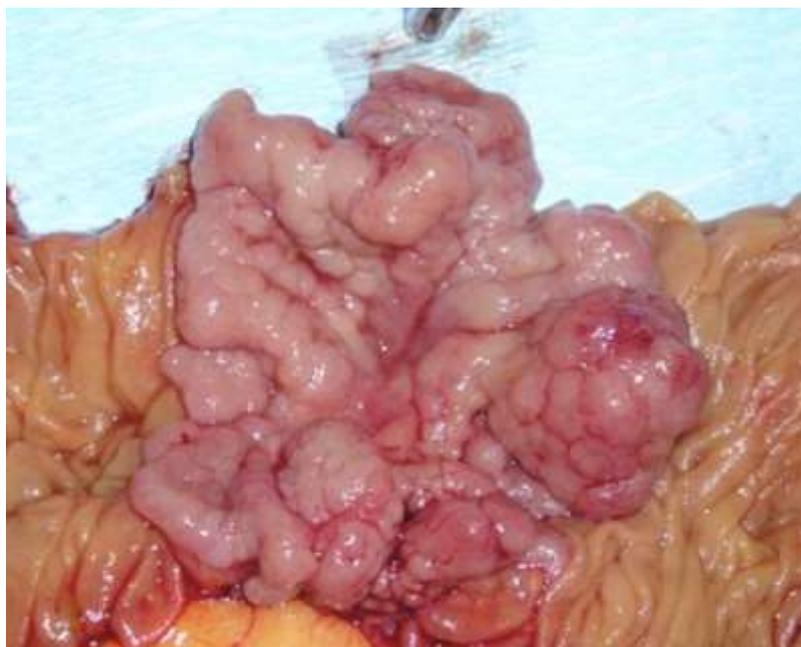
Macroscopy:

Received cut open Jejunal segment measuring 15x5x1cms. There is the presence of 2 fungating cauliflower like growth on the mucosa of which one measuring 5x3x2.5cms and the other measuring 3x2x2cm.

Microscopy: the sections studied show histology of moderately differentiated adenocarcinoma.

The section from the proximal end and distal end do not show the presence of tumour tissue.





DISCUSSION

Adenocarcinoma of jejunum is a rare malignancy of GI –tract with poor prognosis. Treatment is by primary excision of a tumour & post op chemo therapy. Primary adenocarcinoma of small bowel has been related to the mucosal contact time to bile.⁽⁴⁾ A complete tumour resection has to be the aim of any curative surgical approach in patients with adenocarcinoma of the small bowel. The first step in improving the prognosis is to have an aggressive diagnostic approach in patients with unclear abdominal symptoms.

REFERENCES

1. Leichtenorn O: Handbuch der speciellen Pathologic und Therapie. Leipzig: F.C.W. Vogel; 1876:523-524.
2. Sellerner F: Investigations on the significance of the adenoma – Carcinoma-Sequence in the Small Bowel. Cancer 1990, 66:702-715.
3. Lashner BA: Risk factors for small bowel cancer in Crohn's disease. Dig Dis Sci 1992, 37:1179-1184.
4. Ross RK, Hartnett NM, Bernstein L, and Henderson BE: Epidemiology of adenocarcinomas of the small intestine: is bile a small bowel carcinogen? Br J Cancer 1991, 63:143-145