Carcinoma of Tail of Pancreas: A Case Report

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Authors’ contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Case Study

ABSTRACT

Background: A typical manifestation of pancreatic tail cancer is large intestinal obstruction with perforation. Clinically the cancer of pancreas is usually complicated to diagnose. Most cancer patients are not having symptoms throughout during the initial stages of the cancer, which often leads to a delay in diagnosis. Treatment choices include surgery, chemotherapy, and palliative care. It is more common in African-Americans, slightly more common in men.

Case Presentation: A female patient of 40 years from Wardha was admitted to Female surgery Ward, Unit-3, AVBRH on 18th December with a chief complaint of pain in epigastric region since 2weeks. Patient was apparently all right 2 months back then she was complaining of pain in the epigastric region which was insidious in onset, gradually progressive in nature, burning type of pain with radiating to left upper back. No history of fever, nausea vomiting, clay-coloured stools. After that patient was undergone on routine investigation in that total WBC count was increased i.e., 13000/cu mm and haemoglobin level were decreased i.e., 9.7gm%, liver biopsy revealed that metastasis of Adenocarcinoma probably of pancreatic origin, Computed tomography and ultrasound and it revealed that heterogenous iso-echoic mass in the tail of pancreas based on investigation she was diagnosed as a case of Carcinoma tail of pancreas and she was undergone on treatment of antibiotic before chemotherapy .after that chemotherapy treatment was done for management of pain.

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Conclusion: Pancreatic adenocarcinoma presents differently from large intestinal cancer and should be explored in the differential diagnosis of large intestinal obstruction.

Keywords: Carcinoma; tail of pancreas; epigastric region; metastasis; adenocarcinoma.

1. INTRODUCTION

A typical manifestation of pancreatic tail cancer is large intestinal obstruction with perforation. Clinically the cancer of pancreas is usually complicated to diagnose. Most cancer patients are not having symptoms throughout the initial stages of the cancer, which often leads to a delay in diagnosis and is especially furtive when it is located in the tail of the pancreas. Surgery, chemotherapy, and palliative care are all possibilities for treatment. The second most common gastrointestinal malignancy in the United States is pancreatic cancer. Almost 53,000 people will be diagnosed with pancreatic cancer. It is more common in Black Americans, slightly more common in men, and is usually a disease of older adults. We describe a patient who presented with a substantial intestinal obstruction due to a splenic flexure tumor that turned out to be pancreatic mucinous adenocarcinoma [1]. Cancer of pancreas is a rare malignancy with a higher mortality rate. It only represents for 3% of new cancer cases each year, yet it is the fourth leading cause of cancer death, with a devastating 98 percent mortality rate. Because it is often asymptomatic in the early stages, pancreatic cancer is known as the "silent" ailment. When symptoms do arise, they are often vague and vary depending on the tumor location [2]. Around 75% of all pancreatic carcinomas are found in the head, 15%–20% in the body, and 5%–10% in the tail [3]. Old study has found significant variations in the appearance and mortality of pancreatic head carcinomas vs carcinomas of the pancreatic body and tail [4]. Tumor in the body and tail present later, often with infiltration of nearby organs or metastatic disease, and thus have a poorer survival probability than tumor in the head [5]. In this case report, we described a patient with pancreatic tail adenocarcinoma who had few clinical symptoms despite imaging revealing advanced metastatic disease. Our aim is that revealing our patient's symptoms, as well as imaging and laboratory abnormalities, would increase public awareness and aid in the early discovery of a difficult-to-diagnose cancer with a high mortality rate.

2. CASE HISTORY

2.1 Patient Information

A female patient of 40 years old from Wardha was admitted to Female surgery Ward, Unit-3, AVBRH on 18th December with a chief complaint of pain in epigastric region since 2 weeks. Patient was apparently all right 2 months back then she was complaining of pain in the epigastric region which was insidious in onset, in physical examination some clinical findings were obtained i.e., pain was gradually progressive in nature, burning type of pain with radiating to left upper back.

2.2 Present Medical History

Female patient of 40 years old from Wardha was admitted to Female surgery Ward, Unit-3, AVBRH on 18th December with a chief complaint of pain in epigastric region since 2 weeks. Patient was apparently all right before 2 months back after that she was complaining of pain in the epigastric region and she also complaining of burning type of abdominal pain with radiating to left upper back. No history of fever, nausea, vomiting etc

2.3 Past Medical History

The patient had no past history of communicable diseases such as tuberculosis etc, No history of clay-coloured stools.

2.4 Family History

There are 4 members in the family with patient, her husband and their two sons. The other family members do not have any communicable or hereditary disease. The type of marriage of the patient and her husband is non-consanguineous marriage. The other family members are healthy.

2.5 Interventions and Outcome

The patient was first diagnosed with Epigastric pain, carcinoma tail of pancreas and she took antibiotic such as Injection ceftriaxone 1gm, Inj
Pantoprazole 40 mg, Inj Dexamethazone 6mg and Inj. Emeset 4 mg all drugs in stat ordered before the chemotherapy treatment. Patient had plan for 1st Chemotherapy cycle. Patient was able to do daily activities of living without much interruption until two days before admission to AVBRH in which she experienced abdominal pain.

2.6 Diagnostic Assessment

Blood study shows: Routine investigation was normal but Haemoglobin- 9.7gm% was decreased, Total leucocyte count -13000 cu mm Increased, liver biopsy shows metastasis of Adenocarcinoma probably of pancreatic origin, Computed tomography and ultrasound shows heterogenous iso-echoic mass in the tail of pancreas.

2.7 Management

2.7.1 Medical management

Patient was undergone on pharmacological treatment such as Injection ceftriaxone 1gm, Inj Pantoprazole 40 mg, Inj Dexamethasone 6mg and Inj Emset 4 mg all prescribed drugs in stat ordered before the chemotherapy treatment. My patient had plan for 1st Chemotherapy cycle.

Surgical Management: No plan for surgical intervention.

2.7.2 Nursing management

Monitor vital signs closely and assessed for side effect of chemotherapy drugs etc. Keep patient safe from falls at risk of weakness. Provide pain management. Assessment of side effect of chemotherapy drugs. Give health Education to patient and family members.

3. DISCUSSION

A female patient of 40 years old from Taluka Wardha was admitted to Female surgery Ward, Unit-3, AVBRH on 18th December with a chief complaint of pain in epigastric region since 2weeks. My patient was apparently all right 2 months back then she was complaining of pain in the epigastric region which was insidious in onset, gradually progressive in nature, my patient is also complaining of burning type of abdominal pain with radiating to left upper back. After admission to AVBRH she was then diagnosed with Carcinoma tail of pancreas and is under appropriate treatment and investigations were done and Patient was discharged on 23rd December 2020 and was advised to come for check-up after 1 month of discharged date.

On 2019, research was conducted titled “Carcinoma tail of pancreas: The seemingly benign appearance of metastatic pancreatic tail cancer.” Cancer of pancreas is a lethal disease with a more death rate. Pancreatic carcinomas affecting the head of the pancreas can cause weight loss, jaundice, dark urine, light stool colour, stomach discomfort, nausea, and vomiting. Pancreatic carcinomas originating from the tail, on the other hand, are less prevalent and generally appear later, with stomach discomfort, back discomfort, and physically thinner. Pancreatic carcinoma of the tail is frequently undetected or incorrect diagnosis, and as a result has a greater death risk due to its late appearance [2,3].

A previous diagnosis is dependent on a good knowledge of the disease clinical history; yet, due to their higher frequency, much of the present work focuses on pancreatic head adenocarcinomas. As a result, we hope to add to the present literature of pancreatic adenocarcinomas affecting the pancreatic tail with our case report in order to aid in their earlier detection. A number of studies on diseases and inflammatory conditions of pancreas were reported [6-9], Singh et al. [10] reported a case of pseudoaneurysm of splenic artery. Related studies by Sonawane et al. [11] and Khatib et. al. [12-13] were reviewed.

Despite his advanced cancer, our patient with metastatic pancreatic tail adenocarcinoma had few clinical indications at first. The patient experienced pain in epigastric region and burning type of abdominal pain with radiating to left upper back pain for 2 weeks and which was insidious in onset, gradually progressive in nature.

4. CONCLUSION

This case report on carcinoma of tail of pancreas that can help in the early detection of this type of cancer. In my view, a good case report and serves its purpose. Pancreatic adenocarcinoma manifests differently than colon cancer and should be considered when a major intestinal obstruction is suspected. Because the symptoms are different and late, clinical awareness of this
condition must be raised, and suitable diagnostic techniques must be performed as soon as possible to rule out or confirm pancreatic cancer. Given our country's poor health-care situation and lack of access to diagnostic methods, patients with pancreatic cancer are likely to be diagnosed late in the disease's progression, with a poor prognosis for longer-term survival and life quality.

CONSENT

Before drafting a case report, the patient provided informed consent and signed it.

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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