

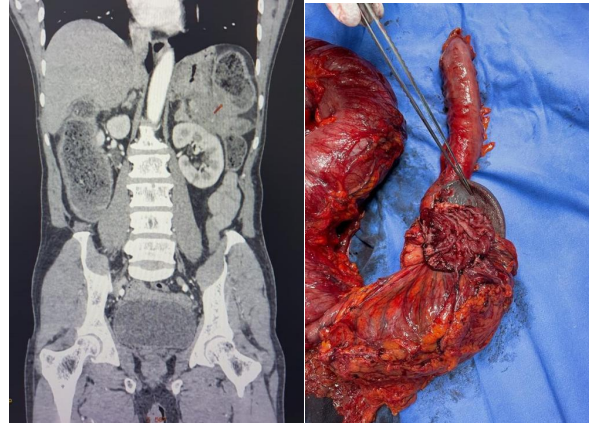
TITLE: Uncommon Encounter of Colonic Obstruction as the Initial Presentation of Metastatic Distal Pancreatic Cancer: A Case Report

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Abstract (300 word limit)

INTRODUCTION: Pancreatic carcinoma is major global health concern, ranking sixth leading cause of cancer-related deaths. Distal pancreatic cancer, which occurs in body and tail of the pancreas, particularly challenging due to tendency for delayed diagnosis and presentation in advanced stages. This case report presents rare instance of metastatic distal pancreatic cancer manifesting as acute colonic obstruction without colonic metastasis. **CASE REPORT:** A 68-year-old diabetic, hypertensive male presented with diffuse abdominal pain, bilious vomiting, and obstipation. CECT scan revealed hypodense mass in the pancreatic tail, causing desmoplastic reactions, severe luminal narrowing, and colonic obstruction. Elevated cancer antigen (CA) 19-9 and carcinoembryonic antigen suggested malignancy. Emergency exploratory laparotomy identified infiltrative pancreatic tumor, leading to distal pancreatectomy, splenectomy, sleeve resection of the stomach, subtotal colectomy and rectal stump closure. The patient's postoperative course was uneventful, and histopathology confirmed locally advanced, moderately differentiated distal pancreatic carcinoma with acute colonic obstruction. **DISCUSSION:** This case underscores the aggressive nature of distal pancreatic cancer and the complexities of managing locally advanced pancreatic cancer (LAPC), which precludes curative resection. Management focuses controlling the disease, alleviating symptoms, and maintaining quality of life. The role of desmoplasia in pancreatic cancer is significant, affecting the tumor microenvironment, contributing to chemoresistance causing complications like intestinal obstruction. In conclusion We stress the importance of comprehensive, individualized approach to pancreatic cancer management. Understanding the intricate interaction between cancer cells and microenvironment, particularly desmoplastic reactions is essential for improving outcomes in pancreatic cancer

Image



Distal pancreatic tumor abutting the descending colon causing obstructing, left gerota's fascia, splenic hilum.

Recent Publications (minimum 5)

1. Siegel RL, Miller KD, Fuchs HE, Jemal A. Cancer statistics, 2022. CA Cancer J Clin. 2022;72(1):7-33. DOI: 10.3322/caac.21708. Epub 2022 Jan 12. PMID: 35020204.
2. International Agency for Research on Cancer (IARC). World fact sheet: Pancreatic cancer. Available from: <https://gco.iarc.who.int/media/globocan/factsheets/populations/900-world-fact-sheet.pdf>. Accessed March 8, 2024.
3. Luo G, Jin K, Cheng H, Guo M, Gong Y, Fan Z, Yu X. Prognosis of distal pancreatic cancers controlled by stage. Exp Ther Med. 2020;20:1091-1097. Available from: <https://doi.org/10.3892/etm.2020.8795>.
4. Pacheco F, Luciano E, Hebert D, Marar O. Metastatic pancreatic adenocarcinoma presenting as large bowel obstruction: A case report. Int J Surg Case Rep. 2023;102:107801. DOI: 10.1016/j.ijscr.2022.107801. Epub 2022 Nov 23. PMID: 36502659; PMCID: PMC9763373.
5. Kelley KM, Myer BS, Berger JJ. Malignant large bowel obstruction: A rare presentation of metastatic pancreatic cancer. Am Surg. 2016;82(8):e206-e208. PMID: 27657570.

Photograph



Biography (150 word limit)

Dr Gudi Dileep is a dedicated and passionate general surgery resident with a strong commitment to advancing surgical knowledge and patient care. He obtained his MBBS from All India Institute of Medical Sciences, Bhubaneswar, where he excelled academically and demonstrated a keen interest in the field of Surgery. After completing medical school, he pursued a residency in general surgery at Narayana Hospital, Shimoga. Throughout his training, he has demonstrated exceptional surgical skills, critical thinking abilities, and a strong work ethic. He has actively participated in research projects, presented at national conferences, and published articles in peer-reviewed journals on topics related to surgical outcomes and advancements in the field.

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Notes/Comments:

