Duodenal adenocarcinoma

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Most duodenal tumours originate in the periampullary region and commonly arise in pre-existing villous adenomas. Patients present with anaemia due to ulceration of the tumour or obstruction. Direct involvement in the ampulla leads to obstruc tive jaundice. Histologically , the lesion is an adenocarcinoma. Metastases are commonly to regional lymph nodes and the liver. At presentation, about 70% of patients have resectable Abraham Vater , 1684–1751, Professor of Anatomy and Biology , Wittenberg, Germany . Allen Oldfather Whipple , 1881–1963, surgeon, Columbia-Presbyterian Medical Center, New Y ork, NY , USA. Duodenal tumours - /uni25CF /uni25CF /uni25CF /uni25CF disease with an expected 5-year survival rate of approximately 20%. Poor prognostic features include regional lymph node - metastases, transmural involvement and perineural invasion. Curative surgical treatment will normally involve a pancreati - coduodenectomy (Whipple’s procedure). Patients with FAP , which is due to a mutation in the APC gene on chromosome 5, - are predisposed to periampullary cancer, which is one of the - most common causes of death in patients who have had their colon removed. Other duodenal malignancies include GISTs (see Gastrointestinal stromal tumours) and neuroendo - crine tumours. -

Duodenal villous adenomas are commonly found around the ampulla of Vater and are premalignant The duodenum is the most common site for adenocarcinoma of the small intestine Regular endoscopic screening is advisable in patients with FAP Pancreatic cancer is the most common cause of duodenal obstruction

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