Pancreatic Adenocarcinoma: Role of the Site-Specific of Metastases

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Abstract
Pancreatic adenocarcinoma is a severe malignant condition with a median survival lower than one year, and a five-year survival rate of about 30%, including tumors resected at early stage. Recurrences within two years occur in up to 80% of the resected tumors. More than two thirds of advanced pancreatic adenocarcinomas have single site of metastases, mainly affecting the liver, lungs, bones and brain, by decreasing order of frequency. The studies herein commented suggest that patients with lung-only metastases or with isolated distant lymph node implants have better outcomes than those with liver-only metastases. The physiopathological mechanisms are not well known; moreover one should consider the role of Trousseau’s syndrome on estimated survival time. This paraneoplastic syndrome is characterized by hypercoagulability causing arterial and venous thromboses.

Keywords
Metastases, Pancreatic adenocarcinoma, Trousseau’s syndrome

Introduction
Recently, we have read very interesting papers about epidemiological features and the site-specific prognostic role played by metastases of Pancreatic Adenocarcinoma (PAC) [1-3]. PAC is a very ominous malignancy with a median survival less than 1 year for metastatic disease and about 2 years for resect disease, an overall 5-year survival rate around 5% to 8% for metastatic disease and about 30% in case of early diagnosis and early surgical resection [1,2]. Recurrences may occur within two years in up to 80% of the patients who underwent tumor resections [1]. Late recurrences predominate among people with exclusive lung metastases, but arterial and venous invasions are similar to those with exclusive liver metastases [1,2]. Among 13233 patients with advanced PCA, 66.3% had single site of metastases; and the main affected organs were: Liver, lungs, bones and brain, by decreasing order of frequency [3].

In 2013, Murinello, et al. reported the case of a 58-year-old man with venous thrombosis in the upper and lower limbs and lung embolism related to unsuspected PAC and hepatic metastases [4]. The patient was a tobacco smoker, with a mild alcohol intake. There was no fever, sweating, weight loss, respiratory, digestive, urinary or other symptoms [4]. Laboratory tests revealed elevated levels of GGT, ALP, LDH, amylase and lipase, the tumor markers CA 19.9 and CEA were within normal range. Imaging studies showed an infiltrative mass in the pancreatic uncinate process involving the superior mesenteric vessels, embolism in the upper and inferior lobes of the right lung; and nodules compatible with hepatic implants. Further aspiration biopsy of the liver and pancreas confirmed PAC with metastases, the patient evolved to death due to ischemic stroke, necropsy studies were not done [4]. The authors focused on the Trousseau’s syndrome, a thrombotic diathesis associated with cancer of pancreas, stomach, colon and rectum, lung, breast, ovary or prostate, producing mucin [4].

Reviewing our old files, we found the case of a 67-year-old woman admitted with chronic intestinal constipation, asthenia, anorexia and weight loss, and recent progressive jaundice. Physical examination showed anicteric and malnourished patient, with a painful hard mass on the epigastrium. There was no fe-
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Disclosure of Potential Conflicts of Interest

The authors had full freedom of manuscript preparation and there were no potential conflicts of interest.

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References


Data from the case studies herein commented suggest that patients with lung-only PDC metastases or with isolated distant lymph node implants have better outcomes than those with liver-only metastases [1-3]. However, the physiopathology of involved mechanisms should be better cleared, moreover one should consider the role of Trousseau’s syndrome on estimated survival time either in advanced-stage or in early phase cancer.