A rare cause of intestinal bleeding: duodenal metastasis from endometrial cancer

Key words: Duodenal metastasis. Upper intestinal bleeding. Endometrial carcinoma.

DOI: 10.17235/reed.2017.4822/2017

Dear Editor,

We present an extremely rare case of duodenal metastasis by lymphatic spread from an endometrial adenocarcinoma; the primary manifestation was gastrointestinal bleeding. We think that this is the first reported case of duodenal metastases from endometrial carcinoma with this presentation.

Case report

A 72-year-old woman was referred for an upper endoscopy due to the presence of melena of a duration of two weeks. The patient had previously undergone a hysterectomy and bilateral adnexectomy due to endometrial carcinoma that was diagnosed five years previously. Full blood counts revealed iron-deficiency anemia. The esophagogastroduodenoscopy showed a highly vascular, ulcerated and vegetating mass in the second part of the duodenum. The abdominal computed tomography (CT) demonstrated the presence of two large soft-tissue lumbar-aortic masses and another one invading the adjacent duodenum. Histological analysis of the duodenal mass identified neoplastic cells which were highly reminiscent of malignant non-keratinizing squamous cell carcinoma. The neoplastic cells were positive for the estrogen receptor and PAX8 by immunohistochemical analysis with staining for CK7 and vimentin (Fig. 1). These findings confirmed the diagnosis of endometrial adenocarcinoma with duodenal metastasis. The patient underwent palliative chemotherapy.

Discussion

Malignant tumors of the small bowel are uncommon and symptoms are frequently non-specific (1). The gastrointestinal tract is rarely involved in patients with endometrial carcinoma (2). Isolated metastases to the small bowel are exceedingly rare and the tumor dissemination could occur via the lymphatic system, usually the para-aortic route as in this case (3). The suspected cause of gastrointestinal bleeding is not usually small intestinal metastasis from endometrial carcinoma due to their rarity (3).

Fig. 1. The histology shows neoplastic cells that are positive for the estrogen receptor and PAX8 and positive staining for CK7 and vimentin. These findings confirmed the diagnosis of endometrial adenocarcinoma with duodenal metastasis.
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References

