

PICTURES IN DIGESTIVE PATHOLOGY

Gastrointestinal bleeding secondary to duodenal metastases of malignant pleural mesothelioma

A. Martínez Caselles, R. Baños Madrid, J. Egea Valenzuela, J. Molina Martínez and F. Carballo Álvarez

Service of Digestive Diseases. Unit of Digestive Endoscopy. Unversitary Hospital Virgen de la Arrixaca. Murcia, Spain

INTRODUCTION

Malignant mesothelioma is a rare pleural neoplasm. The most frequent clinical manifestations are chest pain, dyspnea and pleural effusion. Metastases usually locate at lymphatic nodes, contralateral lung, liver, kidneys and adrenal glands. Metastases on gastrointestinal tract are extremely unfrequent.

CASE

A 57-year-old smoker male consulted due to progressive dyspnea, with no cough or expectoration. He also referred history of diffuse abdominal pain, constipation and weight loss of 10 kilograms in the last months. At exploration it was relevant tachypnea, hypoventilation of the right lung and epigastric pain.

On chest X-Ray we could observe right pleural effusion. Also a CT was made, informing thickening of right pleura and presence of multiple adenopathies in mediastinum (Fig. 1). After pleural biopsy it was all catalogued as malignant mesothelioma.

Barium radiological study of the upper gastrointestinal tract was also carried out to complete the study of the anemia that was diagnosed in laboratory tests. This showed several ulcerative defects on duodenum. Because of these findings, a gastroscopy was performed, and several irregular ulcers with elevated borders were seen on the mucosa of second duodenal portion (Fig. 2). Some biopsies were taken for histological and immunohistochemical study, which informed duodenal infiltration with malignant mesothelioma.

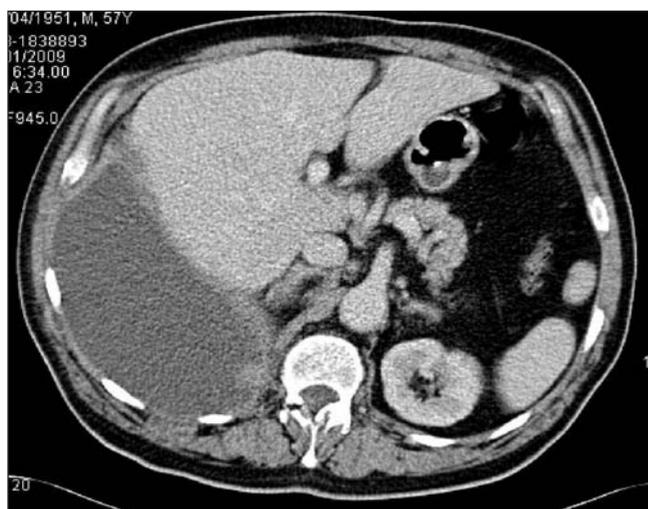


Fig 1. CT: thickening of right pleura.



Fig 2. Endoscopy: presence of duodenal ulcers with elevated borders.

DISCUSSION

We are presenting the case of a patient diagnosed of malignant pleural mesothelioma who also suffers upper gastrointestinal bleeding due to duodenal metastases, which is extremely rare. Endoscopic studies, as gastroduodenoscopy, colonoscopy, enteroscopy or wireless capsule may be useful for diagnosis in these cases.

In patients with diagnosis of malignant pleural mesothelioma and anemia, it is convenient to perform endoscopic studies looking for intestinal metastases. On the other hand, if these kind of endoscopic findings were observed during the study of anemia, after confirming neoplastic infiltration we should consider mesothelioma as a possible diagnosis.

REFERENCES

1. Huang-Chi Chen, Kun-Bow Tsai, Chuan-Sheng Wang, et al. Duodenal Metastasis of Malignant Pleural Mesothelioma. *J Formos Med Assos* 2008; 107 (12) 961-4.
2. Kakugawa Y, Watanabe S, Kobayashi N, Tani M, Tanaka S, et al. Diagnosis of small-bowel metastasis of malignant pleural mesothelioma by capsule endoscopy and double ballon enteroscopy. *Endoscopy* 2007; 39 (Supl. 1): E229-E230.