Primary Carcinoma of the Duodenum

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PRIMARY CARCINOMA OF THE DUODENUM is comparatively rare. Until 1963, 614 cases had been described. On the other hand, in Japan 274 cases had been reported until 1968. However these numbers will become even smaller, if, for example, the tumors of biliary tract origin are excluded. Hoffman in 1937 reported that the incidence of primary carcinoma of the duodenum in 350,286 autopsies was 0.033 per cent and cancer of the duodenum constituted only 0.3 per cent of cancers of the intestine.

A case of adenocarcinoma of the fourth portion of the duodenum treated recently by resection is presented and the clinical classification of the duodenal cancer will be discussed.

CASE REPORT

A 61-year-old woman was admitted to our hospital because of persistent vomiting, which occurred more frequently at night, associated with abdominal distention and lumbago of one month's duration. The vomitus consisted of ingested food, stained with bile. Anorexia continued and the patient had been loosing weight gradually. On examination, visible peristalses were noted. There was no other physical abnormality except a recurrent inguinal hernia.

Significant results of the blood examinations were hemoglobin 8.1 g per 100 ml, R.B.C. 3,670,000, serum alkaline phosphatase 7.8 Bodansky units.

Fig. 1.—The second and third portions of the duodenum are dilated.
Roentgenologic examination with barium meal revealed a narrowing of the fourth portion of the duodenum (Fig. 1). The mucosal pattern was destroyed in the narrowed segment. The stomach and the duodenum proximal to this lesion were markedly dilated. Primary neoplasm of the third portion of the duodenum was considered.

**Fig. 2.**—A diverticulum is seen in the second portion of the duodenum.

The duodenum is encircled by a tumor.

**Fig. 3.**—On the bottom of the photograph, tumor cells are seen in the muscularis. Brunner’s gland is seen in the center. The left upper side of the photograph shows approximately normal mucosa. H. & E. (× 40)