ABSTRACT: Carcinoma in adenoma of the papilla of Vater is extremely rare. We now report a case of adenocarcinoma in adenoma of the papilla of Vater and the clinicopathological findings are discussed. A 73-year-old Japanese woman was endoscopically diagnosed as a case of carcinoma combined with adenoma of the papilla of Vater. She underwent pancreatoduodenectomy and the postoperative course was satisfactory. Histological examination of the resected tissues revealed a superficial adenocarcinoma in the adenoma of the papilla of Vater. In certain cases, carcinoma of the papilla of Vater may develop from a pre-existing adenoma in the region. Therefore, we recommend that pancreatoduodenectomy should be done when an adenoma presents in this region.

KEY WORDS: adenocarcinoma in adenoma, papilla of Vater, pancreatoduodenectomy

INTRODUCTION

A benign tumor of the papilla of Vater is rare, therefore adenocarcinoma in adenoma of the region is extremely rare. We detected adenocarcinoma in adenoma of the papilla of Vater in a 73-year-old Japanese woman. She was treated by pancreatoduodenectomy, and the postoperative course was satisfactory. In this paper, the clinicopathological findings are reported and a review of the literature is made.

CASE REPORT

Clinical course and operative findings: A 73-year-old Japanese woman had a gastric ulcer with occasional epigastralgia, since 1981. On October 29, 1984, she felt pain in the left lower abdomen and had the desire to deficate. Examination on admission to Oita Kyoritsu-Hospital on the following day revealed no findings of ileus. Since tumor of the duodenum and gastric ulcer were suspected on gastroduodenography and endoscopic examination, she was transferred to the 2nd Department of Surgery, Oita Medical College, for surgery.

Physical examination on admission revealed only a slight epigastric tenderness. The liver and spleen were not palpable. There was no evidence of anemia, but the GOT (57 IU/L), GPT (45 IU/L) and LDH (433 IU/L) were slightly increased. T-Bil (0.6 mg/dl), D-Bil (0.2 mg/dl) and AL-Pase (156 IU/L) were within normal limits. CEA-Z (1.8
endoscopic examination revealed an ulcer on the lesser curvature in the lower portion of the body of the stomach and multiple flat elevated lesions in the bulbus duodeni. The lesions appeared to be covered with duodenal mucosa and had small recess at the center of each lesion. The swollen and reddened duodenal major papilla was irregular and erosive on the surface and had a small recess at the tip of the swollen papilla, from the tip of which bile was flowing out (Fig. 2).

Endoscopic retrograde cholangiopancreatography disclosed mild dilatation of the main pancreatic duct and marked dilatation of the common bile duct (Fig. 3).

Computed tomography revealed marked dilatation of intrahepatic bile duct, gall bladder and common bile duct, as a result of choledochus-stenosis at the portion of the papilla of Vater. However, celiacangiography revealed no findings suggestive of carcinoma of the head of the pancreas.

Biopsy specimens taken endoscopically from the swollen papilla of Vater revealed adenoma and adenocarcinoma (Fig. 4). Histological characteristics of the biopsy specimens are described under the section of microscopic observation.

Under a diagnosis of carcinoma combined with adenoma of the papilla of Vater and gastric ulcer, pancreatoduodenectomy (Child's