METASTASES OF THE DUODENUM AND STOMACH A RETROSPECTIVE CASE SERIES

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Background: Duodenal metastases are rare literature review suggest only 2% reported in time of autopsy. Reported occurring primaries are melanomas, lung cancer, carcinoma of the cervix and renal cell carcinoma. These patients usually present with obstruction or gastrointestinal bleeding. Typically at the time of diagnosis metastases to the duodenum carry a very poor prognosis

We aim to shed light on secondaries to the duodenum .

Methodology: We carried out a retrospective case review of all duodenal cancers over a period of 10 years at a district general hospital in London, a centre for Upper Gastrointestinal cancers. All histopathology results were reviewed, and the secondaries identified where the primary and site of biopsy were noted. We recorded the primary, presentation , management and survival from date of diagnosis

Results : 10 metastases to the duodenum were identified.
The most common primary was breast (3), melanoma (2), colon (2), renal (2) and gastric (1).
All were initially diagnosed on staging CTs after the diagnosis of the primary cancers.
The most common histopathology were adenocarcinomas (4), carcinoma (4), melanoma (2).

Conclusion : Outcomes after the diagnosis of duodenal metastases were typically poor, with survival of <6months.
Although available Previously published literature has indicated the presence of GI bleed or anaemia to be reliable markers for metastases. None was applicable to our cohort . We found there was no presentation of duodenal metastases; all were diagnosed on staging CT scans performed due a previously treated primary.