Veiled Malignancy: How Metabolic Syndrome Management Can Obscure Cancer Detection

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INTRODUCTION

In the pursuit of managing obesity, weight loss medications such as GLP-1's and phentermine are frequently prescribed. While effective for weight reduction, these medications can inadvertently obscure the early diagnosis of underlying cancer. This case exemplifies how phentermine's desired weight loss effects can act as a veil, leading to a dangerous delay in cancer diagnosis.

We use this patient's unfortunate presentation as a reminder for primary care physicians to incorporate routine cancer screening before starting weight loss treatments. By addressing this gap, healthcare providers can prevent the tragic consequences of undiagnosed cancer and improve patient outcomes.

HEALTHCARE IMPACT

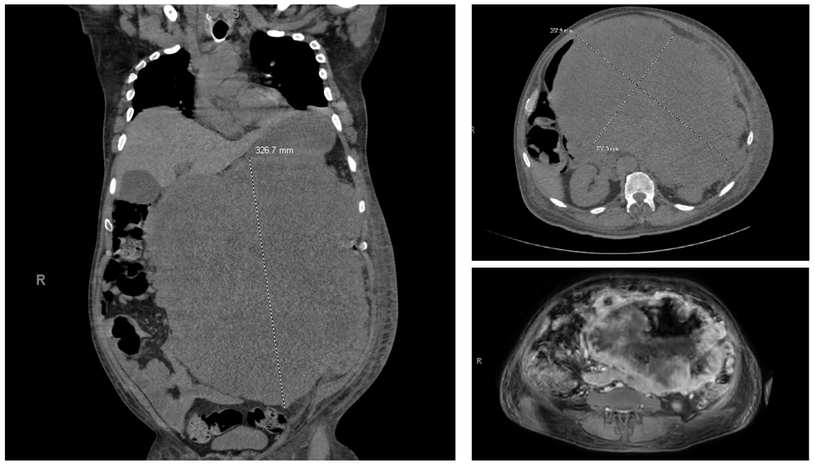
- ❖ Weight loss medications may obscure the early detection of cancer, leading to potential delays in diagnosis and treatment.
- ❖ Routine cancer screening should be considered before the prescription of weight loss drugs, especially in patients with unexplained weight loss and abdominal symptoms.
- ❖ Primary care physicians need to be vigilant about the possibility of underlying malignancies in patients presenting with significant weight loss, particularly when taking medications designed to induce weight loss.

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CASE DESCRIPTION

A 53-year-old male with a history of hypertension and dyspepsia presented with progressive abdominal distention over two months, hematochezia, accompanied by a significant 50-pound weight loss. The primary care provider prescribed phentermine for weight management prior to the onset of symptoms. He had no prior cancer screening nor significant family history. On arrival, CT imaging revealed a large 27 x 35 cm abdominal mass with evidence of malignant neoplasm, thrombus in the portal and mesenteric veins, and compression of nearby organs. Initial pathology was inconclusive, but subsequent biopsies confirmed high-grade leiomyosarcoma.

Despite aggressive diagnostic and therapeutic efforts, including surgery, chemotherapy, and palliative care, the patient's condition deteriorated, and he was eventually discharged to hospice care.



DISCUSSION

In the effort to assist this patient with weight loss and prevent cardiovascular decline, the broader necessity of routine cancer screening was overlooked, ultimately contributing to the patient's untimely demise. The significant weight loss achieved with phentermine concealed a dire, underlying malignancy. This lead to a perilous delay in diagnosis and treatment. It's a sobering reminder of the impact that routine cancer screening could have had in detecting the malignancy earlier. The rapid progression of the patient's disease highlights the urgent need for primary care physicians to conduct thorough evaluations, including cancer screenings, before prescribing weight loss therapies. This proactive approach could prevent similar tragedies and significantly enhance patient care.

There are potential risks associated with the use of weight loss medications without prior cancer screening. The patient's prolonged undiagnosed Leiomyosarcoma and subsequent rapid decline emphasize the necessity for routine cancer evaluations in patients prior to prescribing weight loss medications. Awareness as primary care providers about the masking effects of weight loss treatments is crucial to prevent similar delays in cancer diagnosis and ensure timely intervention.

Figure 1: Coronal slices of CT Thoracic Abdomen and Pelvis without contrast
Figure 2: Axial slices of CT Thoracic Abdomen and Pelvis without contrast.