

Two very different presentations of pancreas cancer

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Clinical case No1

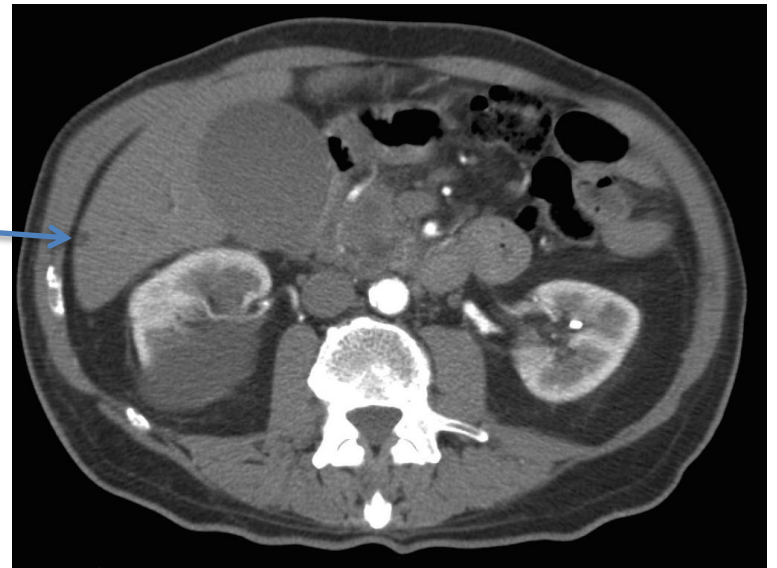
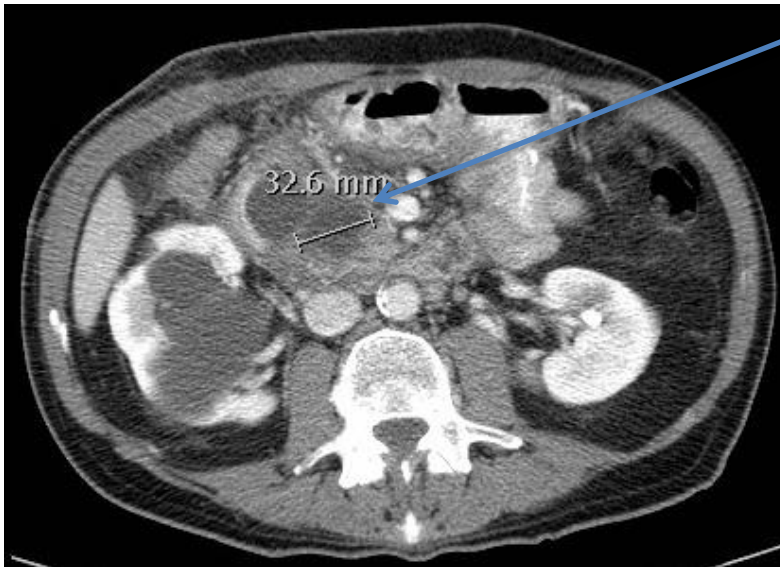
- 74 year old Male
- Since early 2012 several episodes of acute pancreatitis
- Weight loss 12 kg in 2 years (58 kg, PS 1-2)
- Past history:
 - 2006 Melanoma, Bres. 0.48
 - 2008 quadruple coronary bypass for myocardial infarction
 - High Blood pressure
 - Hypercholesterolemia, Hyperuricemia



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- Aspirin 100mg, Allopurinol 300mg, Candesartan 8mg, Simvastatin 20mg, Omeprazole 20 mg, Zolpidem 10 mg
- Blood workup normal
- CA19.9 negative

- Dec: 2012 discovery of a pancreatic cephalic mass and of a single hepatic metastasis
- Colonoscopy and gastroscopy negative

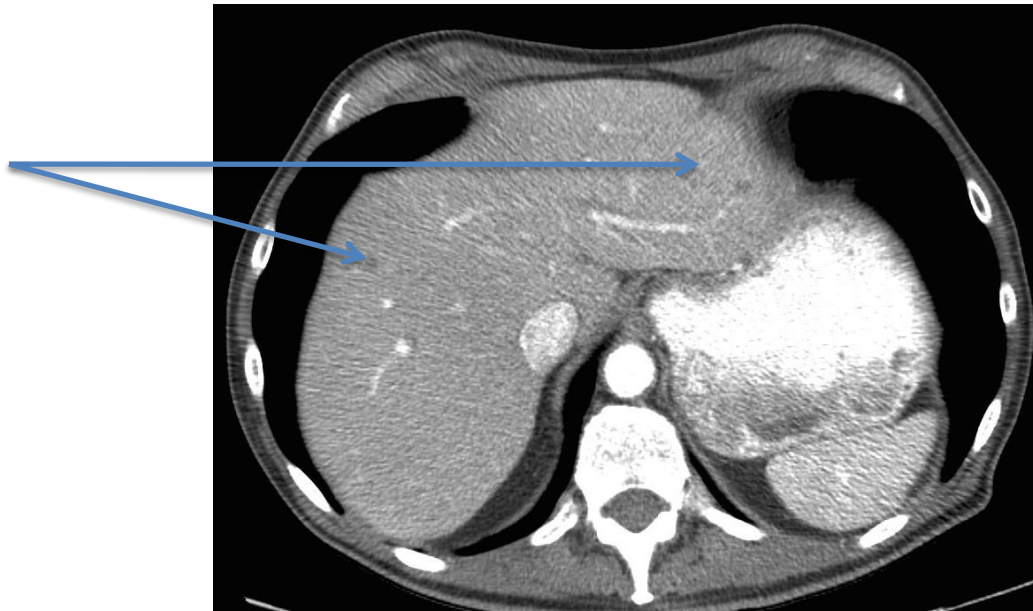


- Liver biopsy: Pathology ADC of pancreatic origin



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- Jan 2013: multiple liver metastasis and peritoneal carcinomatosis



- Treatment?



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How to treat?

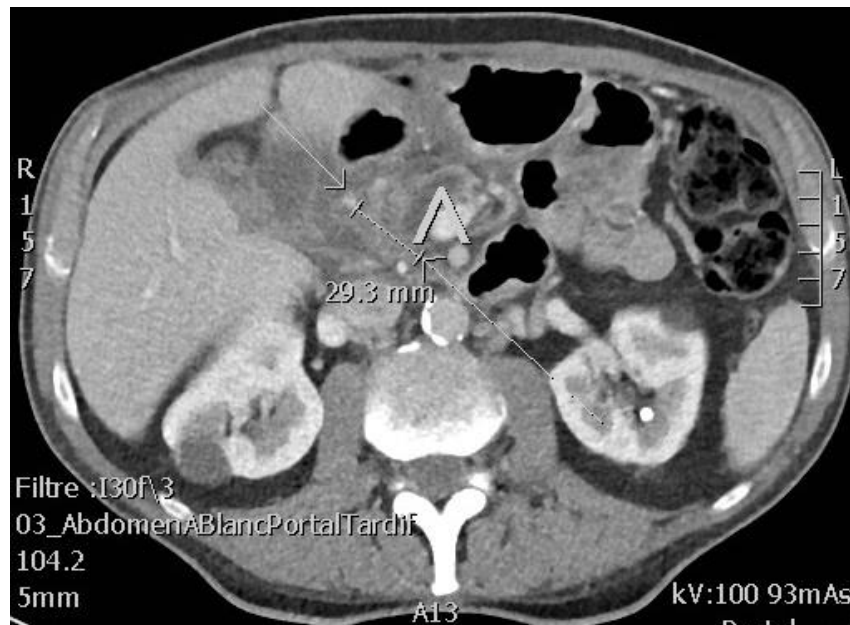
1. Folfirinox
2. Gemcitabine
3. Pancreato-duodenectomy
4. Gemox
5. Folfiri

Nab-paclitaxel not yet available

- Gemcitabine
- After 2 courses: PR pancreas and almost CR of all the liver lesions and peritoneal carcinomatosis not visible



- After 4 courses
- Reprogession of the pancreatic lesion and of the carcinomatosis (not the liver)
- Weight and PS stable





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How to continue?

1. Folfox
2. Folfiri
3. Duodeno-pancreatectomy
4. Oxaliplatin
5. Capecitabine



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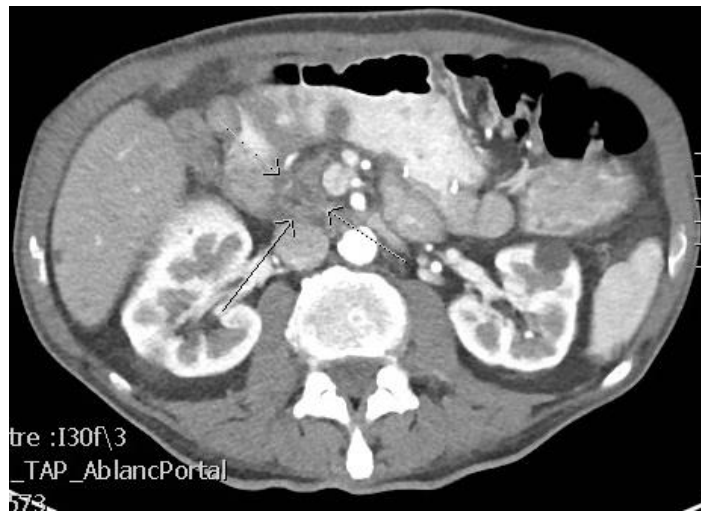
- Treatment change to Folfiri
- Stopped after 2 courses for extreme diarrhea
- Switched to Folfox 2 more courses
- CT: again PR no carcinomatosis visible





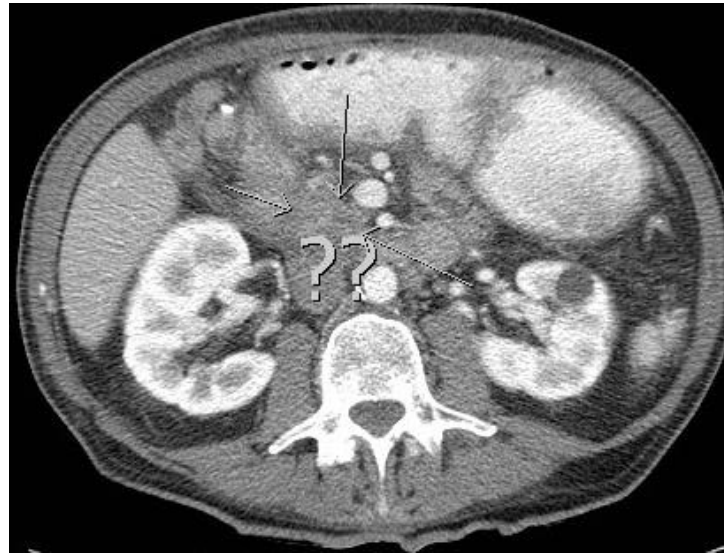
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- After 6 courses Folfox (+ 2 Folfiri)
- Weight 60kg, Regression of cephalic mass



- The patient wants a pause
- Treatment Erlotinib alone 100 mg/d

- 3 months later in March 2014
- CT shows further reduction of the cephalic mass



- 1,5 years after diagnosis, no progression 1 year after second line treatment.



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Clinical case No2

- 61 year old male
- Very busy and stressing executive position
- No specific past history except high blood pressure and type II diabetes started 2 years before, treatments: metformin and amlodipin
- Lost +/- 10 kg since 2 years
- Family history of type II diabetes
- Admitted to hospital 6:30 AM for a syncopal event in his bathroom with nausea.



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- 80 kg, normal physical examination
- BP: 90/60 mmHg, HR: 95/min
- Blood workup completely normal
- Patient felt much better 2 hours later
- BP: 110/70, HR: 80/min
- About to be discharged
- Sent to his GP



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- But just before leaving....
- Melena....



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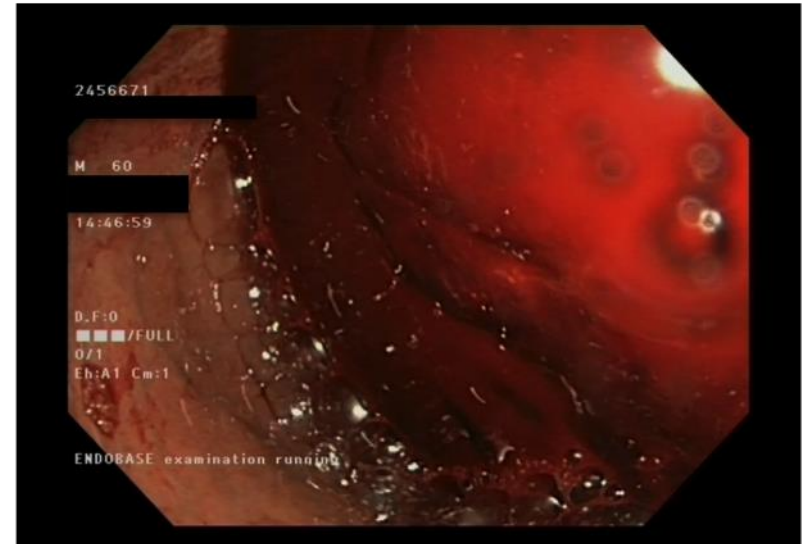
How to continue?

1. patient scheduled for later gastroscopy
2. immediate gastroscopy
3. discharged and sent to his GP
4. treated for gastric ulcer
5. colonoscopy



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- Immediate gastroscopy
- Stomach filled with fresh blood

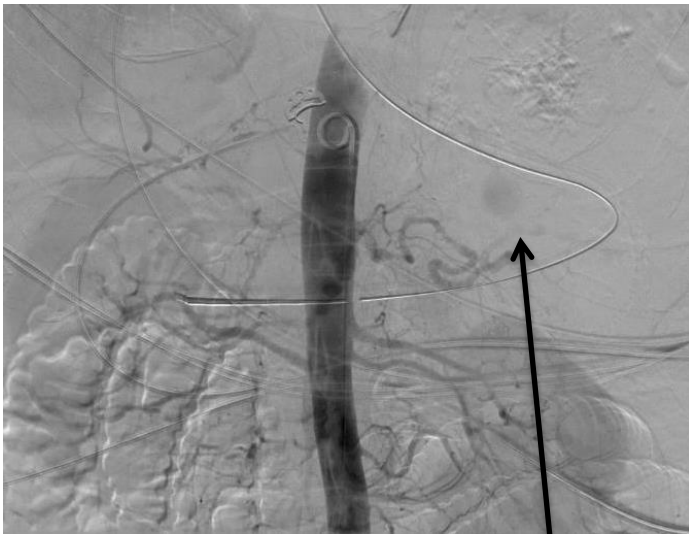


- Patient enters hemorrhagic choc

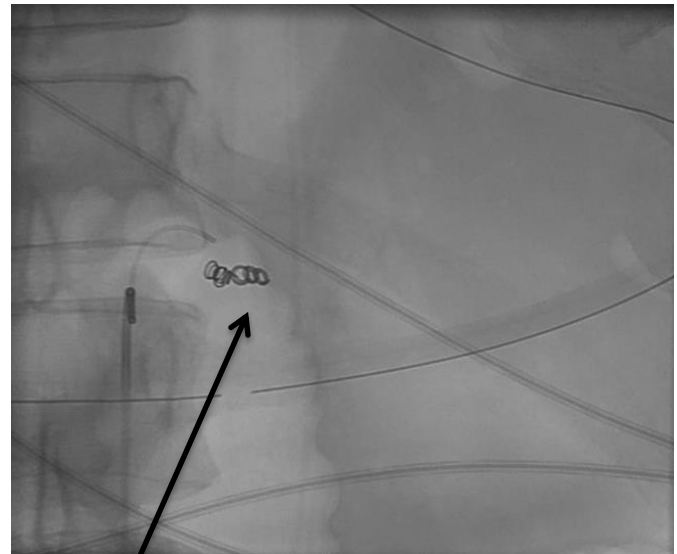


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- After stabilization and transfusion an angiography is performed



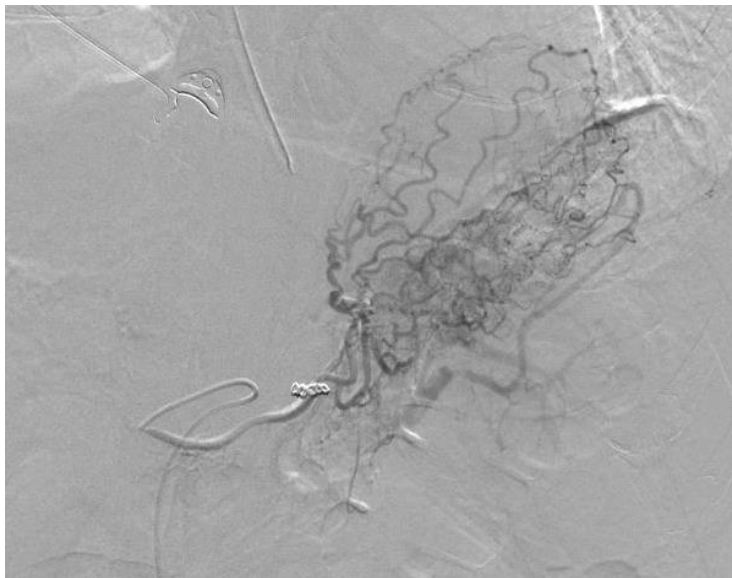
Splenic artery bleeding
Aneurism?



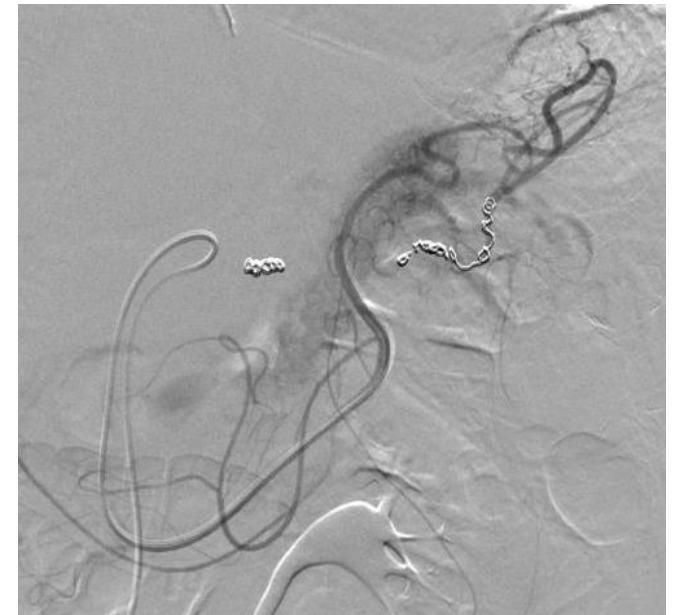
Coils

How did the blood get into the stomach?

- 30 min later renewed hemorrhagic choc and cardiorespiratory arrest
- After successful resuscitation
- Second Angiography



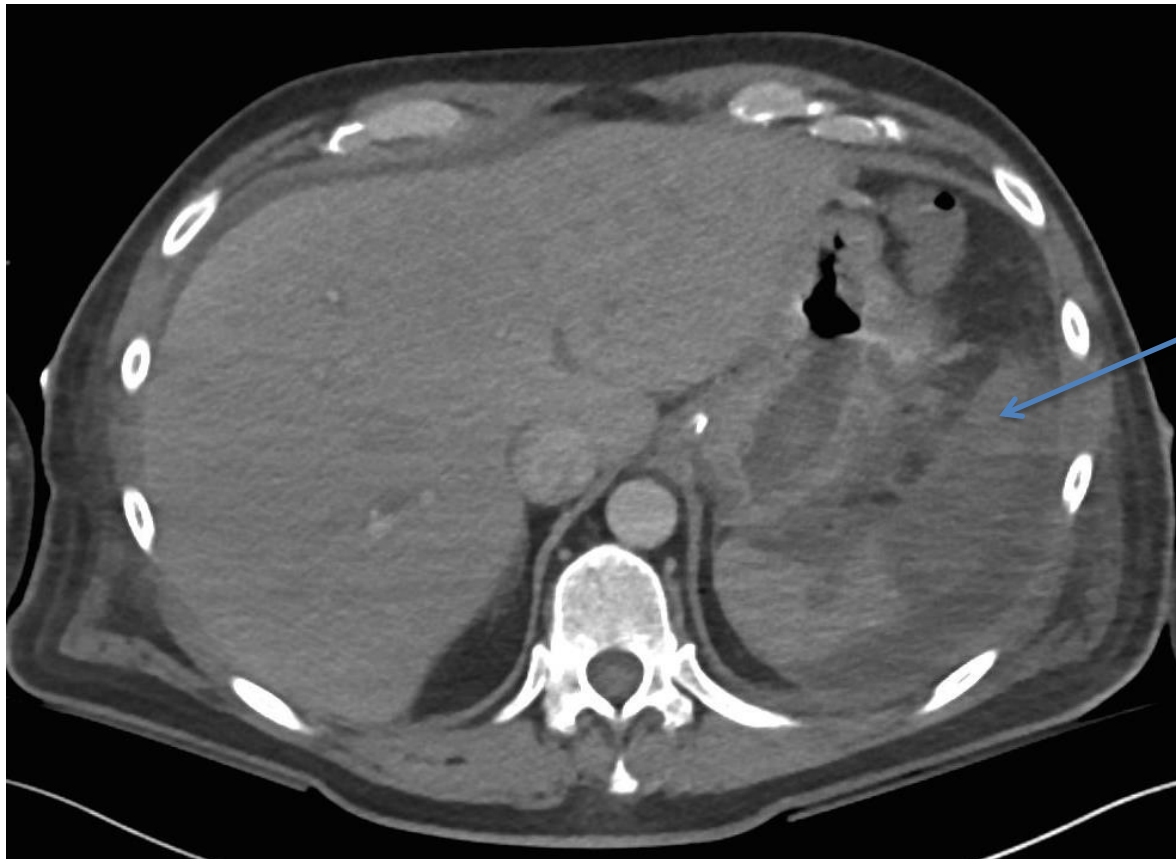
Multiple
neovasculture
like vessels...





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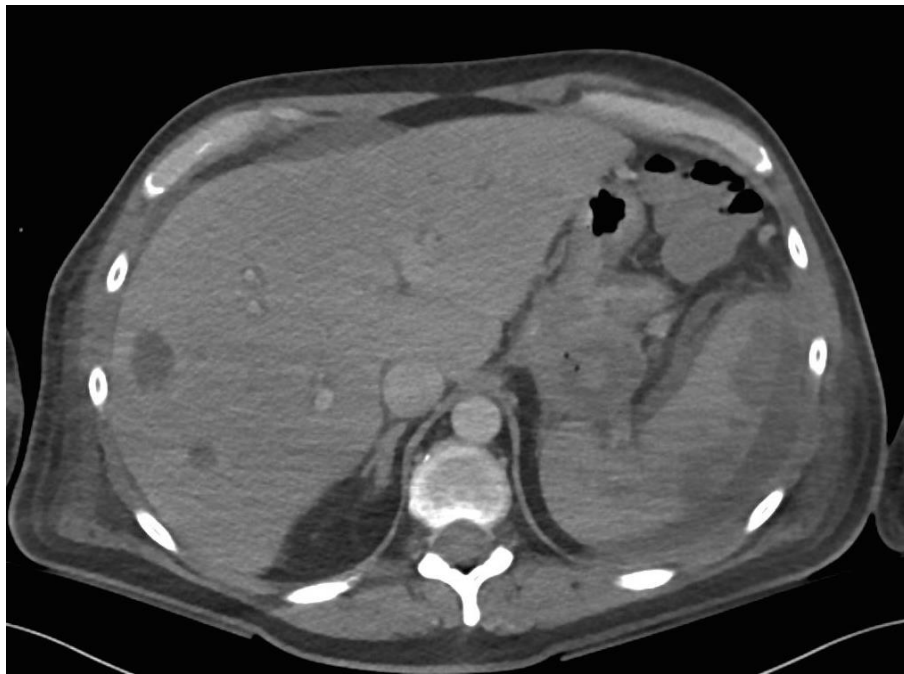
- Followed by CTscan



Pancreatico-spleno-gastric
Mass

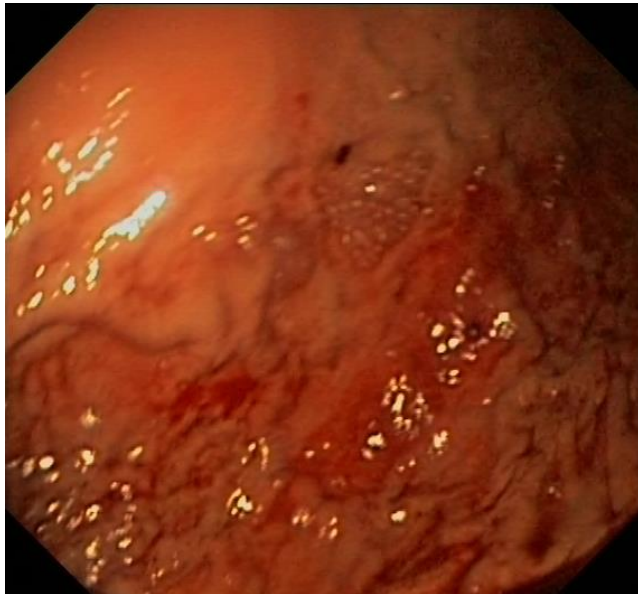


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+ multiple hepatic metastasis

- Second Gastroscope shows the transparietal tumor which is only slightly bleeding.



- Biopsy + ADC of pancreatic origin, CA 19.9: 18000



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- After 10 days in ICU patient is discharged to the normal hospitalisation unit
-
1. Gemcitabine
 2. Folfirinox
 3. Gemox
 4. Pancreato-gastro-duodenectomy
 5. Gemcitabine/Nab-paclitaxel



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- Gemcitabine monotherapy
- Patient doing fine after 1 course
- CA19.9 diminishing from 18000 to 9500 in 4 weeks
- No further bleeding nor perforation



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Thank you very much

