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
• 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
• Jan 2013: multiple liver metastasis and peritoneal carcinomatosis

• Treatment?
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
How to continue?

1. Folfox
2. Folfiri
3. Duodeno-pancreatectomy
4. Oxaliplatin
5. Capecitabine
• Treatment change to Folfiri
• Stopped after 2 courses for extreme diarrhea
• Switched to Folfox 2 more courses
• CT: again PR no carcinomatosis visible
• 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.
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.
• 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
• But just before leaving....

• Melena....
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
• Immediate gastroscopy
• Stomach filled with fresh blood

• Patient enters hemorrhagic choc
• 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 neovasculature like vessels...
• Followed by CT scan
+ multiple hepatic metastasis
• Second Gastroscopy shows the transparietal tumor which is only slightly bleeding.

• Biopsy + ADC of pancreatic origin, CA 19.9: 18000
• 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
• Gemcitabine monotherapy
• Patient doing fine after 1 course
• CA19.9 diminishing from 18000 to 9500 in 4 weeks
• No further bleeding nor perforation
Thank you very much