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A case presentation on periampullary carcinoma

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Abstract
Periampullary carcinoma is a widely used term to define a Heterogeneous group of neoplasms arising from the head of the pancreas, the distal common bile duct and the duodenum.
The most common clinical manifestation of periampullary carcinoma is jaundice, which occurs due to obstruction of the biliary tract by the tumor. Other common complaints include scleral icterus, pruritus, dyspepsia, anorexia, malaise, and weight loss.
Imaging along with cytology is imperative in the diagnosis and further treatment.

Keywords: Periampullary carcinoma, adenocarcinoma, apmpulla of vater, whipple's surgery

Introduction
Periampullary cancer is a term used to refer to cancer that occurs in the vicinity of the ampulla of Vater. This includes cancer affecting the head of the pancreas, Distal Bile Duct (cholangiocarcinoma), Duodenum, and ampulla.

- It is Clinically Important to Differentiate Ampullary from Periampullary carcinoma as this can affect resectability and prognosis.
- Although They Are Adenocarcinomas, Their All prognosis Varies
- Risk factors include diabetes, obesity, parasitic infection like liver fluke, PSC, choledochal Cyst, Familial Adenomatous Polyposis, Lyncch Syndrome.

Case Report
- A 68 year old male, farmer presented with complaints of anorexia, fullness post meal and weight loss.
- No complaints of abdominal pain, vomiting, fever, jaundice.
- On examination abdomen was normal, no palpable or tender mass felt. B/Linguinal scar present of open hernioplasty.
- **USG:** Possibility of small periampullary lesion with dilated CBD and biliary obstruction
- **MDCT:** Possibility of stricture at lower end of CBD with biliary Obstruction**.**
- **EUS:** Mass Lesion in head of pancreas-?malignancy
- **ERCP:** Distal CBD Stricture and brush cytology taken
- **Cytopathology:** Adenocarcinoma is Possibility
- Whipple's Surgery was performed with midline laparotomy incision and Head of Pancreas, part of Duodenum, Gall Bladder along with CBD resected**.**

Discussion
- Patients commonly present in the 6th to 8th decades of life, with equal incidence between men and women.
- Presenting symptoms are most often right upper quadrant pain, weight loss, nausea, vomiting, and infrequently (20%) obstructive jaundice.
- To further investigate USG is done to look for dilated CBD or presence any mass or lesion obstructing the CBD
- If in doubt of involvement of head of pancreas; CECT should be adviced to look for involvement of the head of pancreas, Lymph nodes or distant metastatis.
- To further evaluate and have tissue diagnosis EUS is done and brush cytology can be taken.
- ERCP is opted for stenting in case of cholangitis, relieve the jaundice symptoms or taking brush cytology.
- Treatment-Pancreaticoduodenectomy (Whipple's Surgery).

Conclusion

Periampullary adenocarcinomas are rare malignancies with an aggressive course of the disease. As these sites are easily accessible for investigation, early recognition of the disease is paramount.

Failure to recognize the disease early may lead to poor prognosis and decreased survival for the patient.

Despite undergoing surgery, 5year survival is around 20%.

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