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A Rare Case of Aggressive Duodenal Adenocarcinoma in 44 Yr Old Young Man

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Abstract **Case Report**

***Background*:** Duodenal adenocarcinoma is a rare and aggressive malignancy, accounting for less than 1% of all gastrointestinal cancers. Early detection is crucial, yet diagnosis is often delayed due to nonspecific presentations in primary care settings. ***Case Presentation*:** A 44-year-old previously healthy man presented to a primary care clinic with a 10-day history of flu-like symptoms, followed by abdominal pain, swelling, jaundice, and lower limb edema. Investigations revealed abnormal liver function tests, and imaging showed multiple hepatic lesions suspicious for metastasis. Liver biopsy and PET scan confirmed primary duodenal adenocarcinoma. Given his poor performance status, curative surgery and chemotherapy were deemed unsuitable, and palliative care was initiated. The patient passed away 17 days after initial presentation. ***Conclusion*:** This case highlights the diagnostic challenges of duodenal adenocarcinoma in primary care and underscores the pivotal role of family physicians in recognizing atypical or vague symptoms of malignancy. Their position within the community allows for early detection, education, and close coordination within multidisciplinary cancer care teams.

Keywords: Duodenal adenocarcinoma, aggressive malignancy, diagnosis, abdominal pain, swelling, jaundice.

BACKGROUND

Family physicians play a vital role in caring for patients because of the close relationship that often have with their patients. cancer detection in the primary care can be challenging in view of patients presenting with vague symptoms [1]. Detecting cancer in initial stages is crucial, as the stage of cancer at the time of diagnosis is related to survival. In Qatar, as per the Globocan 2018 statistics, there were 142 cases (11.3%) of colorectal cancer cases out of total 1260 cancer cases. The present case study is about a rare and aggressive Duodenal adenocarcinoma in 44-year-old young man. Because of its rarity, the previous studies have traditionally combined either duodenal adenocarcinoma (DA) with other periampullary cancers or small bowel adenocarcinomas. The treatment primarily involves complete surgical resection when technically feasible.

CASE HISTORY (METHODOLOGY)

A 44-year-old gentleman who was previously fit and well presented as a walk-in patient to my clinic at PHCC Health Centre. He reported 10 days history of flu-like symptoms initially and then 4 days history of shortness of breaths, pain abdomen, abdominal swelling and bilateral lower limb swelling. On examination his vital signs were normal, and systemic examination revealed icterus, hepatomegaly, epigastric fullness and bilateral pedal oedema. Initial investigations revealed leucocytosis 14, haemoglobin 12, MCV 91, Platelet 296, INR – 1.2, UE: Na+ 137, K 4.4 Urea 7.6 Creat 59, LFT showed Bilirubin 55, ALT 158, ALP 688, AST 174, Alb 26, CCa 2.72 and AFP 2. CT Abdomen showed significantly enlarged liver with coarse, irregular, multiple soft tissue lesions with central necrosis, highly suspected of metastatis rather than primary, lymphadenopathy was also noted. Liver biopsy & PET Scan confirmed primary as Duodenal Adenocarcinoma. GI Oncology MDT decided he is not fit for any surgery or chemotherapy due to his poor performance status. Symptomatic and palliative approach was undertaken with close discussions with the family. He was declared dead after a rapid decline within 17 days from the first presentation to primary care.

DISCUSSION (IMPLICATION)-EDITED

Duodenal adenocarcinoma is a rare but aggressive malignancy. Its frequency is <1% of all

gastrointestinal cancers [3]. It represents 0.3% of all gastrointestinal malignancies. Because of the nonspecific symptoms, patients may often present with advanced disease. It usually presents late with nonspecific symptoms such as abdominal pain, fatigue, weight loss or nausea.

CONCLUSION EDITED

The Family Physicians location in the community places him in a unique position to deliver the necessary health measures to control cancer within the community. Family physicians are therefore now more than ever apart of the multidisciplinary cancer care team demonstrated by the above case.

Delegating the task of primary prevention counselling and education to a team which beside the PCP includes as well nutritionists, nurse-educators, health-educators, or other trained medical staff could act as a viable alternative.

REFERENCES

1. Stolper E, van de Wiel M, van Royen P, Van Bokhoven M, Van der Weijden T, Dinant GJ. Gut feelings as a third track in general practitioners' diagnostic reasoning. J Gen Intern Med. 2010;26 (2:197–203.
2. Macleod U, Mitchell E, Burgess C, Macdonald S, Ramirez AJ. Risk factors for delayed presentation and referral of symptomatic cancer: evidence for common cancers. Br J Cancer. 2009;101:S92–S101.
3. Overman MJ, Hu CY, Kopetz S, Abbruzzese JL, Wolff RA, Chang GJ. A population-based comparison of adenocarcinoma of the large and small intestine: insights into a rare disease. Ann Surg Oncol. 2012;19:1439–144