

PRIMARY SMALL BOWEL ADENOCARCINOMA IN PATIENTS WITH CROHN'S DISEASE

- Prevalence of primary small bowel adenocarcinoma (SBA) estimated to be between 0.2 and 0.6 in overall population
- Patients with Crohn's disease are at increased risk of small intestinal carcinoma, estimated as 6x greater than in the general population. Most studies involve small number of patients.
- These tumors tend to occur at a younger age with mean age 46-49, compared to 64 in general population.
- *Risk factors*: long standing disease, surgically bypassed loops, male sex, chronic fistulous disease
- *Location*: GI cancers in CD 18-30% in jejunum, 70-82% in ileum vs. most common in distal duodenum and proximal jejunum in spontaneous tumors
- Signs and symptoms are non-specific
 - Most common: abdominal pain, anemia, small bowel obstruction, weight loss, distention, bleeding

Difficulty in diagnosis:

- Upper GI tract series and EGD reported to have sensitivities of 88 and 89% respectively. Increased detection rate if both studies are done together.
- In patients with CD, EGD will not show distal tumors
- Radiological findings:
 - smooth benign appearing stricture
 - overhanging edges
 - irregular mucosal pattern
 - nodularity
 - a solitary mass
- Enteroclysis: Nondiluted contrast directly into jejunum.
 - Requires sedation, nasointestinal intubation, and near constant radiologist intervention.
- CT scan may show mass, lymphadenopathy
- Must have high index of suspicion

Treatment:

- Segmental resection with regional lymphadenectomy
- Modified Whipple for duodenal tumors found to have better prognosis in one study- possible early detection due to early symptoms
- Desa reported operative mortality 13%, and morbidity of 36% for SBR (not adenocarcinoma)
- Adjuvant therapy: Fluorouracil (5-FU) based chemotherapy, as a single agent or in combination with others, has been used in most case series. Some symptomatic relief. Prospective studies are needed

Prognosis:

- 5 year survival < 30% in patients with CD
- *Abrahams* et al. Evaluated 37 cases of small bowel adenocarcinoma with emphasis on histological prognostic factors. 4 patients had Crohn's disease. Overall survival was 52 and 47% at 5 and 10 years respectively
- Negative prognostic factors: positive surgical margins, extramural venous spread, positive lymph nodes, poor tumor differentiation, depth of tumor invasion, hx. of Crohn's disease
- Age, gender, tumor size, lymphocytic host response and type of growth pattern not found to be prognostically significant. Adjuvant therapy did not influence overall survival

References:

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Shalini Arora, M.D.
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