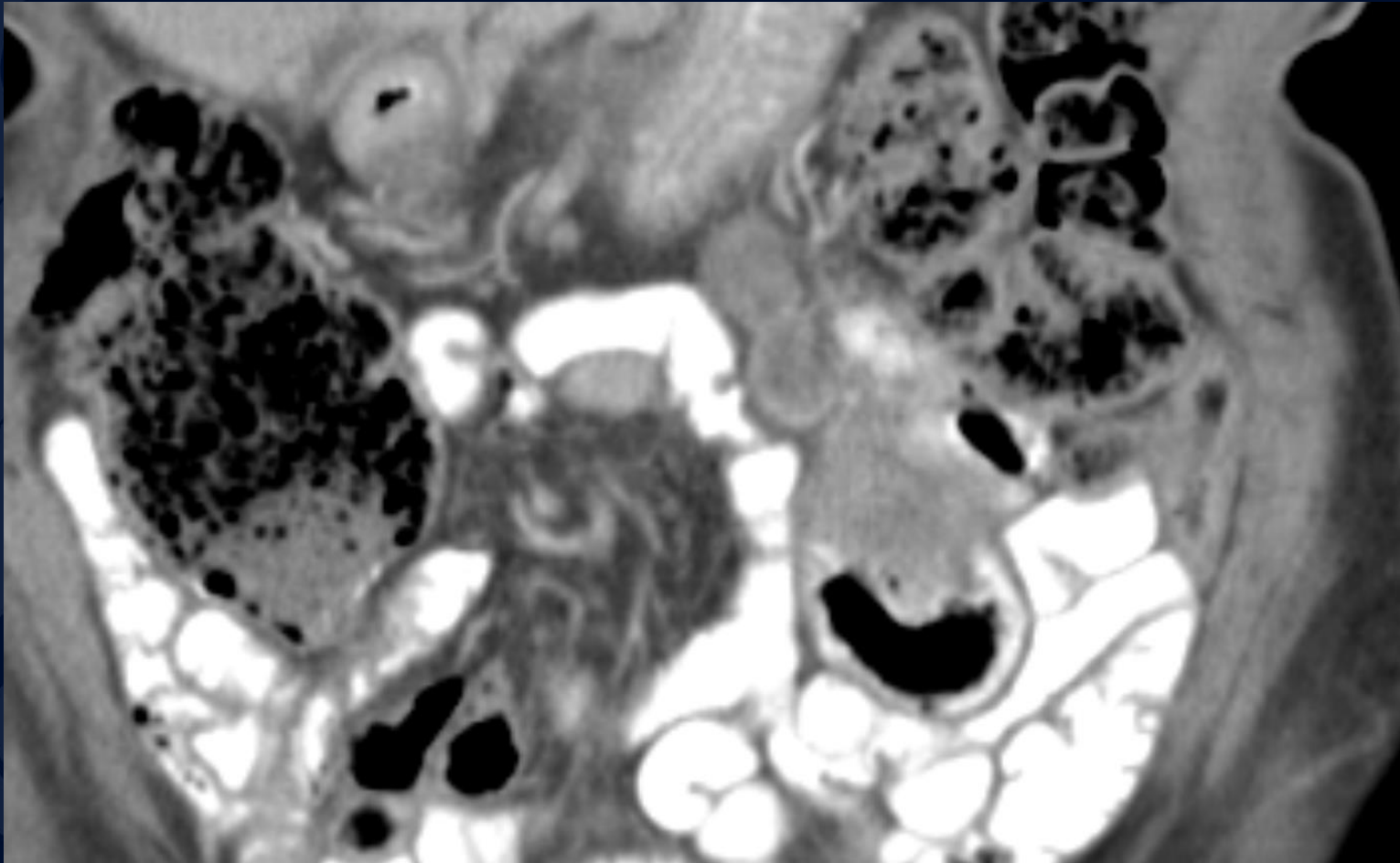


87 year-old female with history of heme(+) stool and jejunal ulcer versus ulcerated mass on capsule endoscopy.

Samantha Lee, MS4

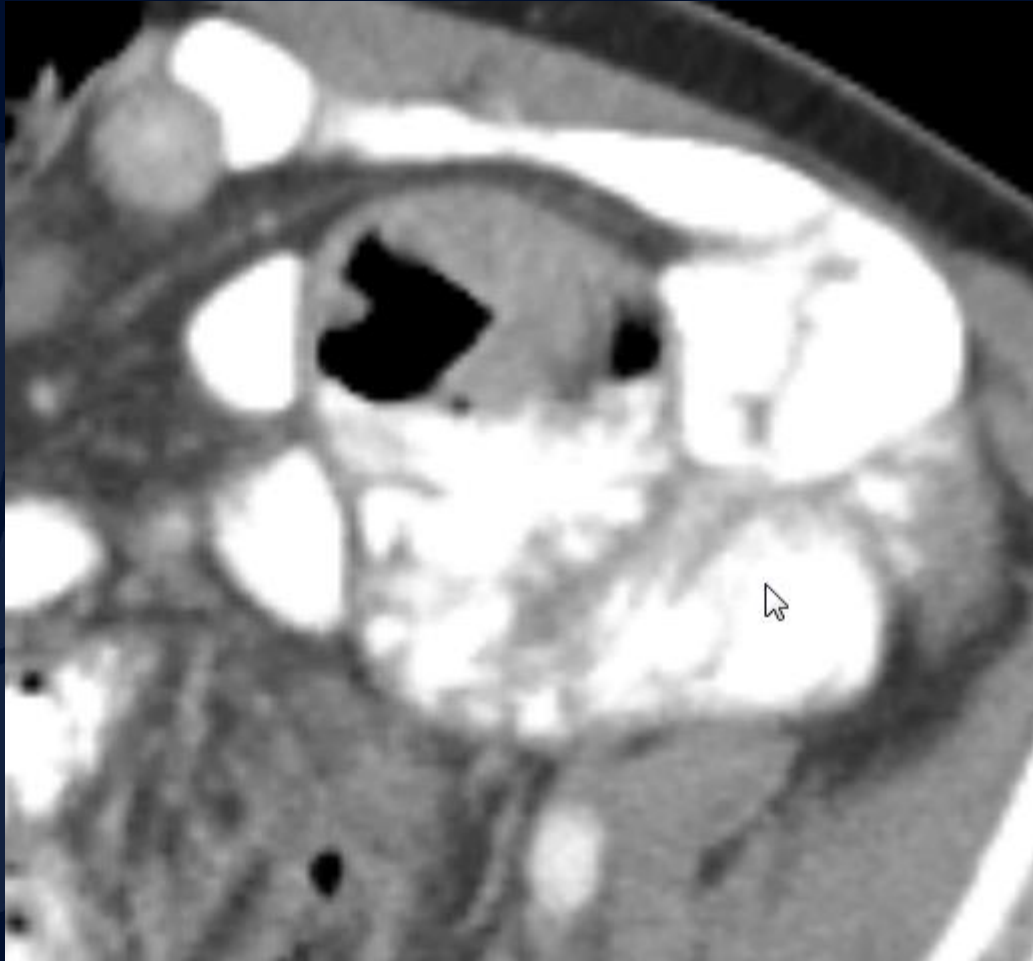
Ryan Joyce, MD

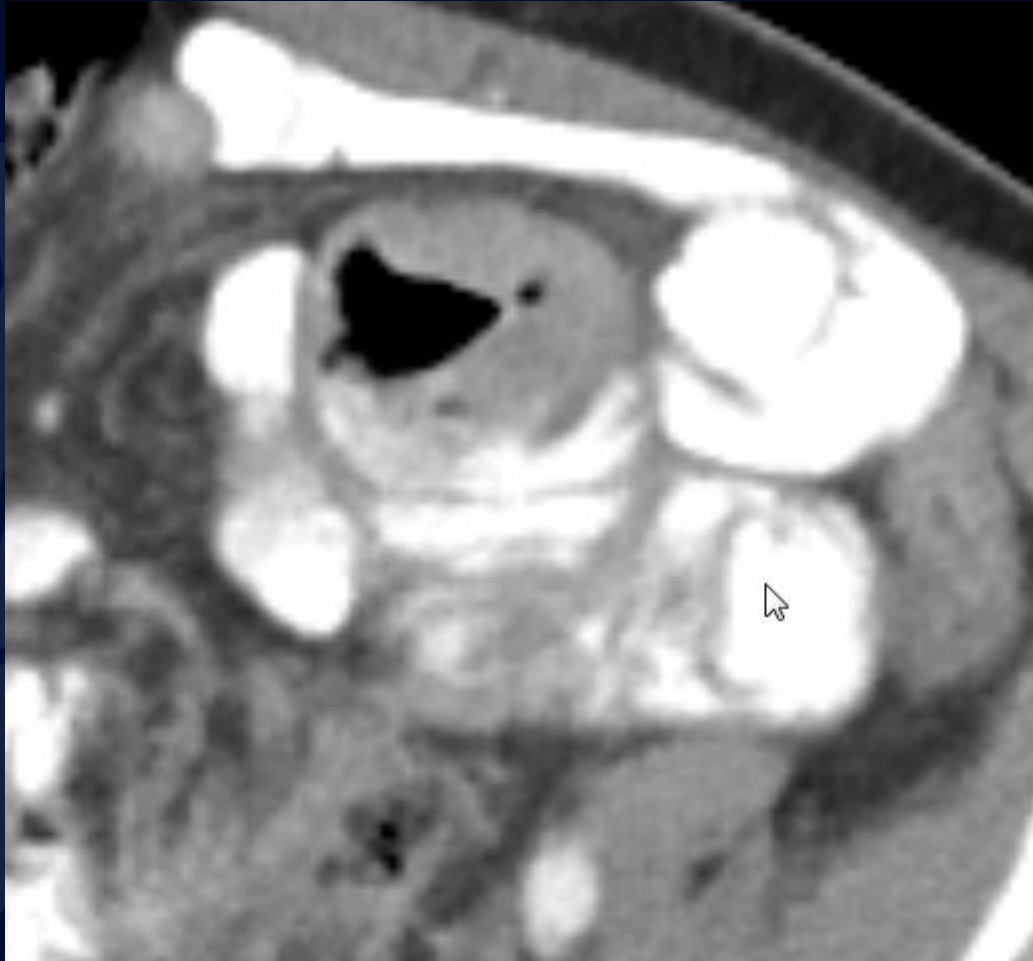


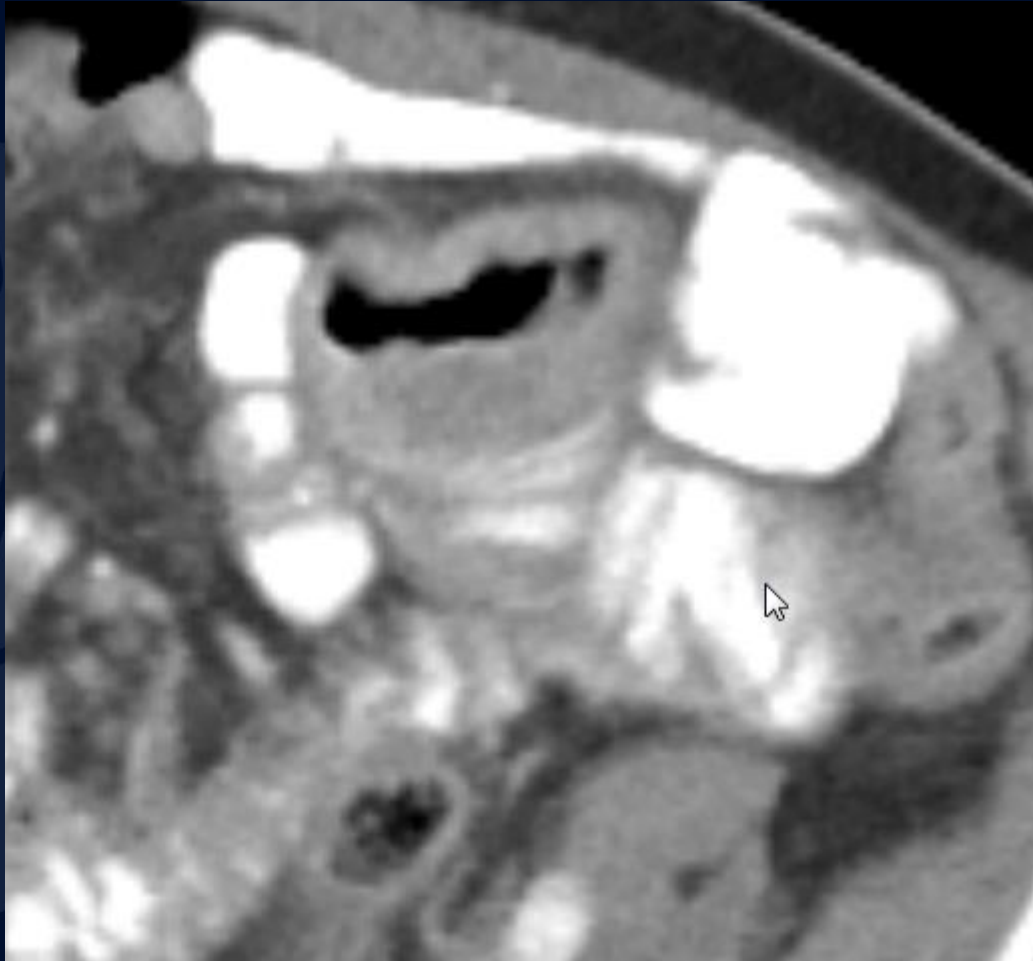


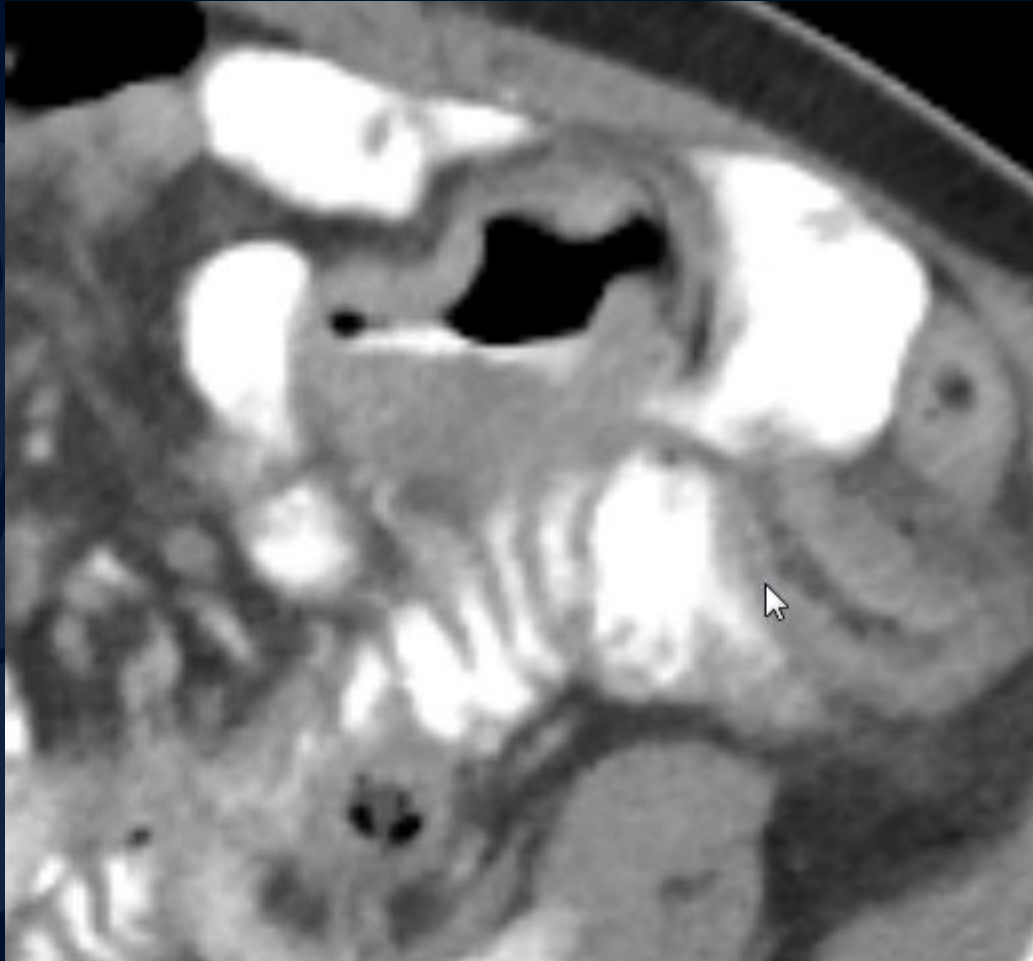


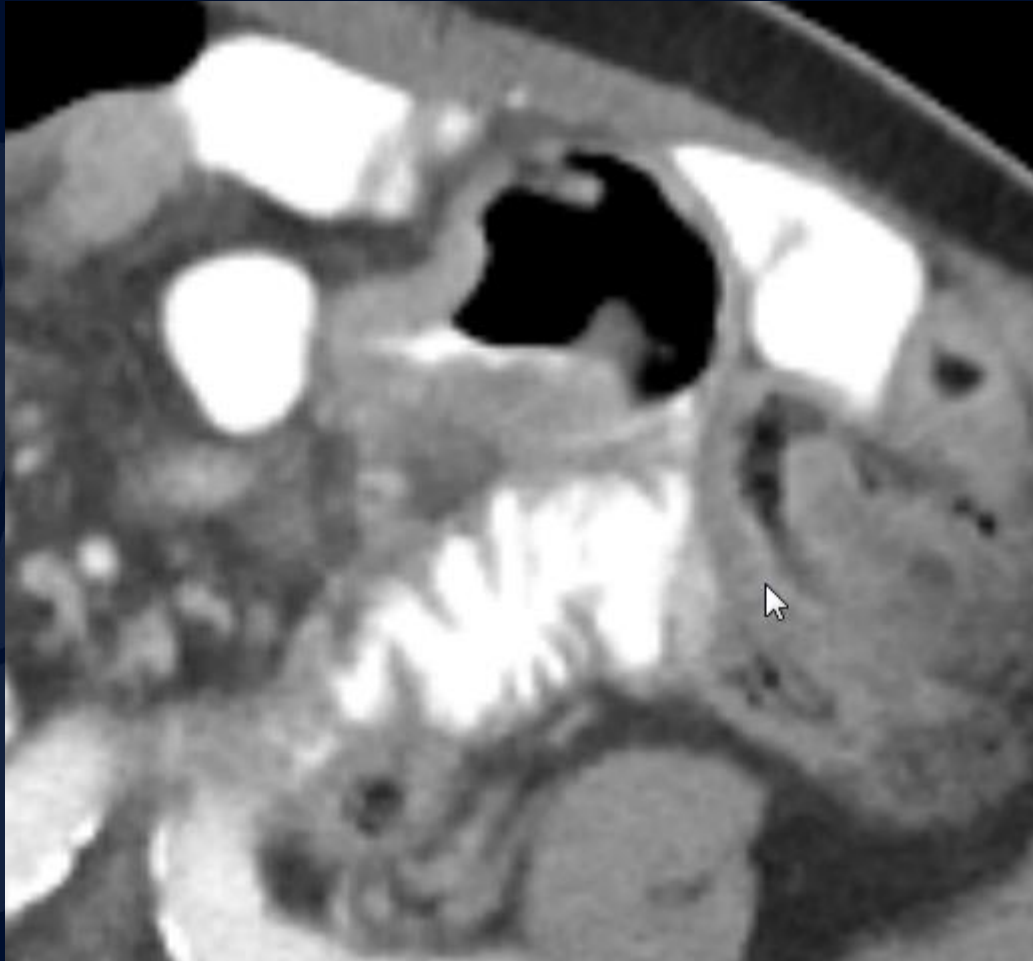


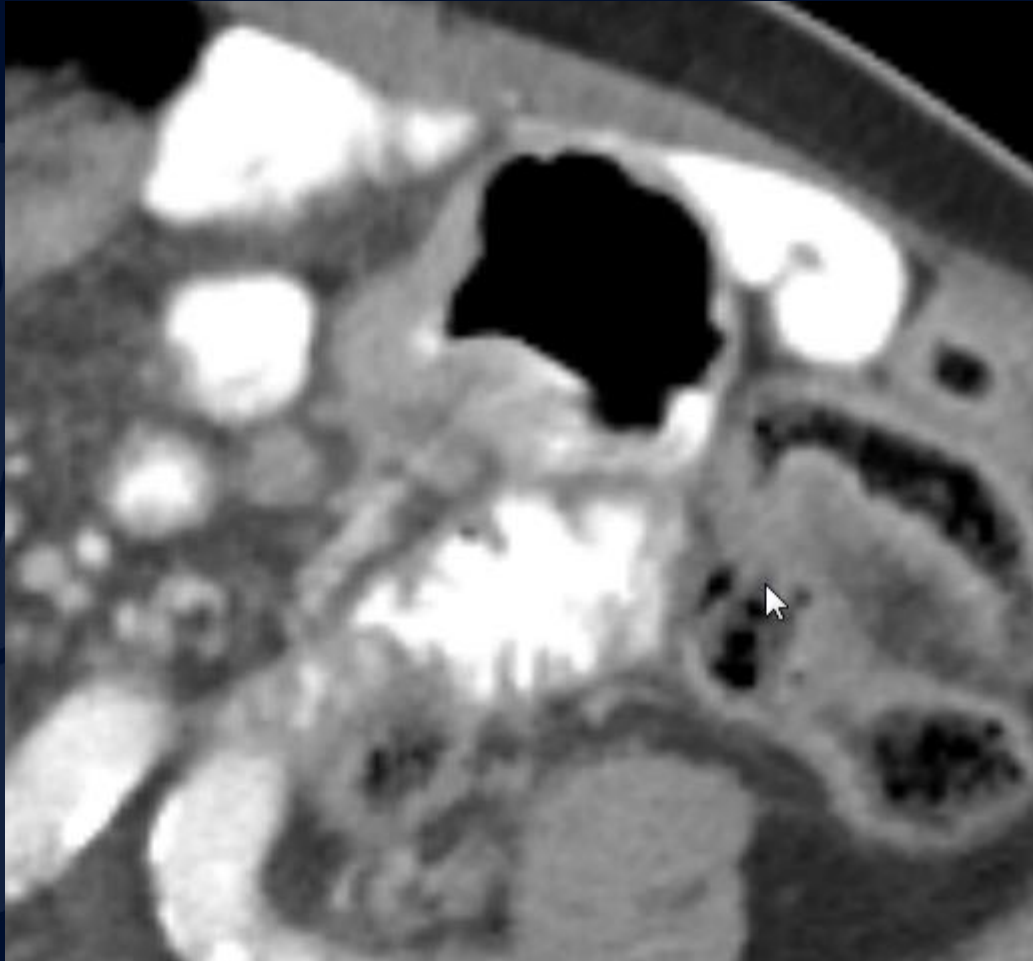


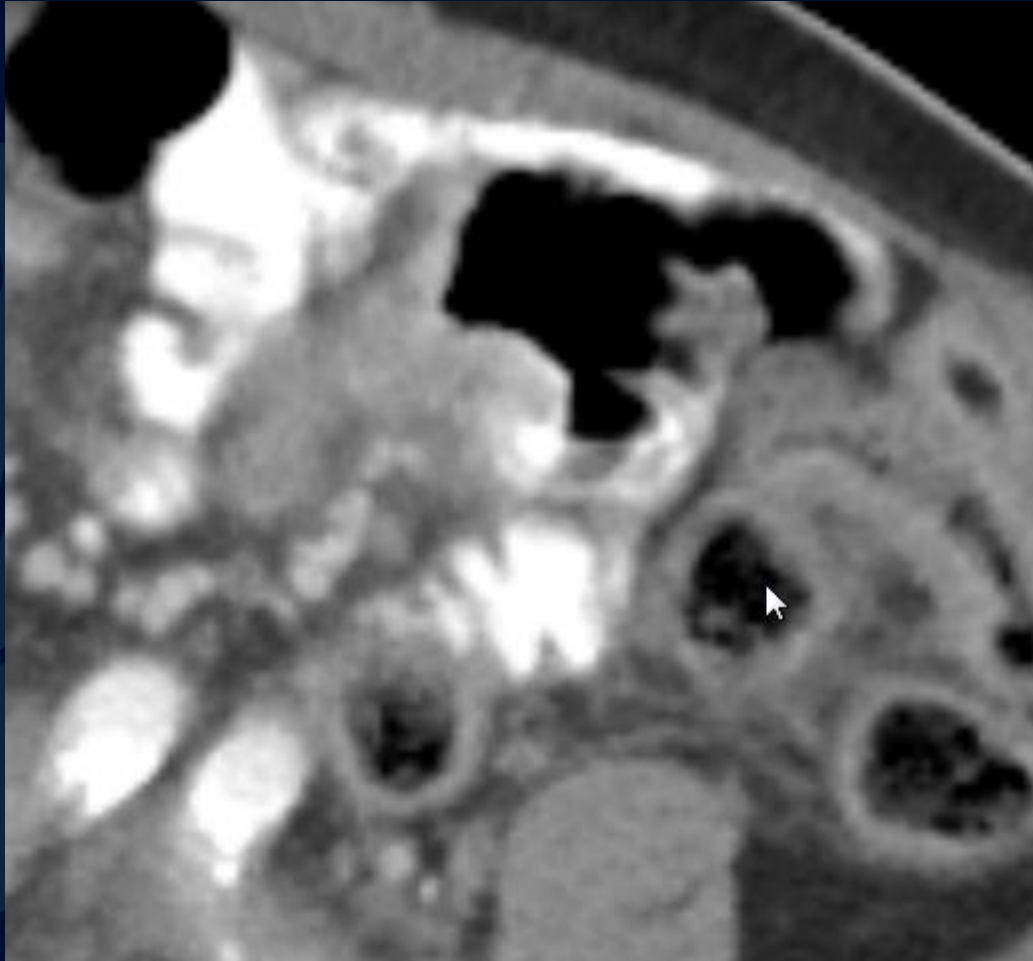


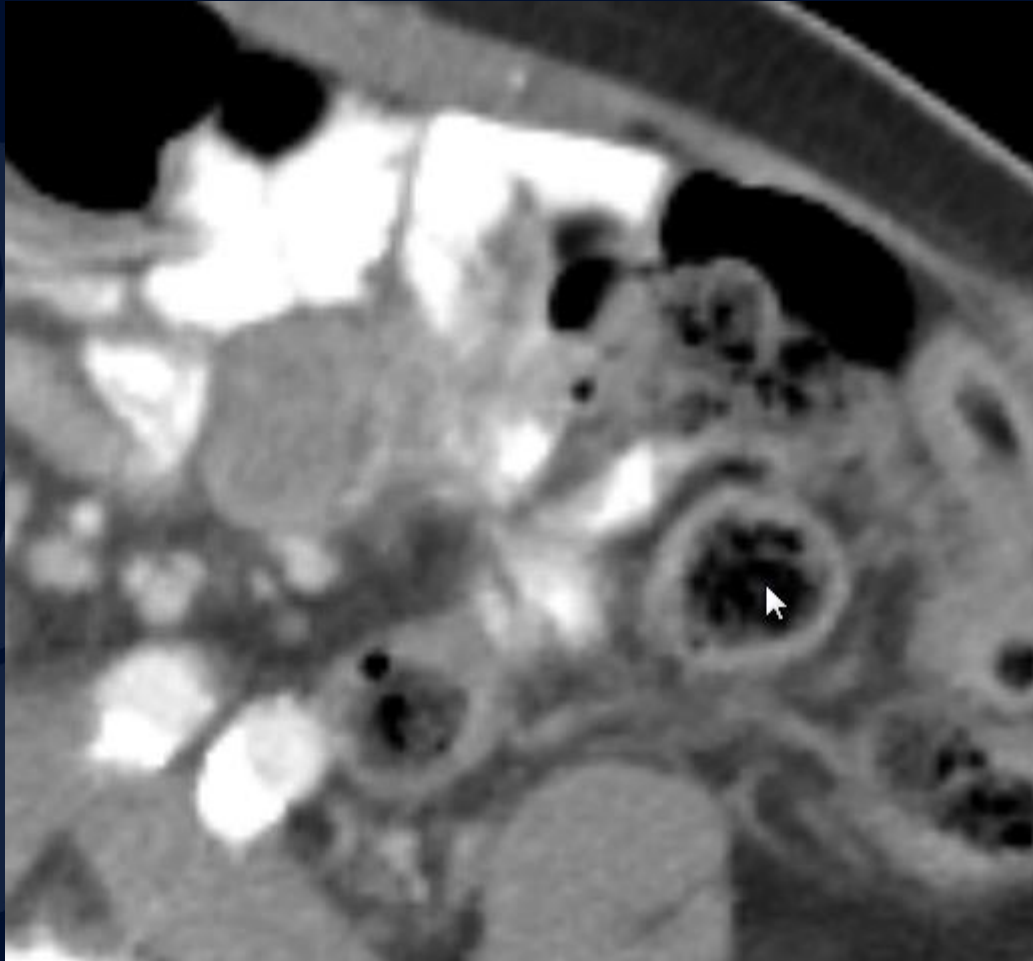


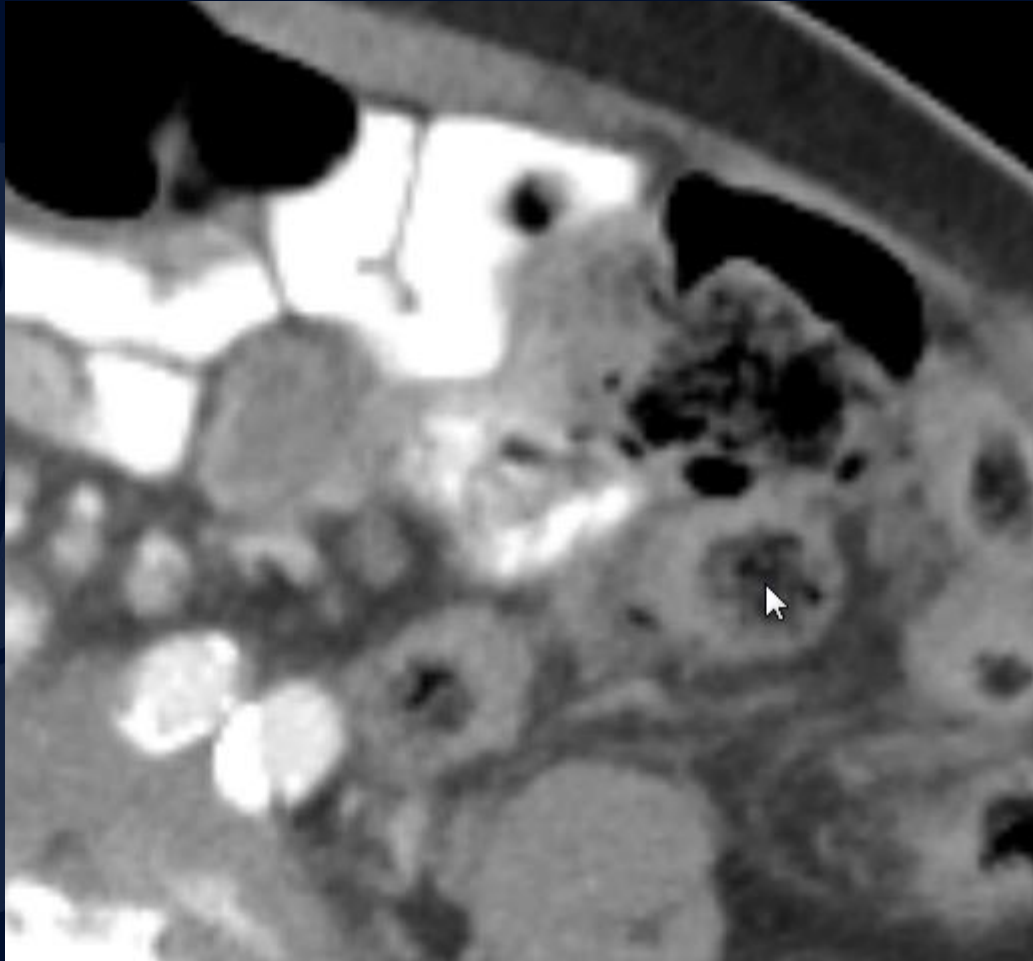


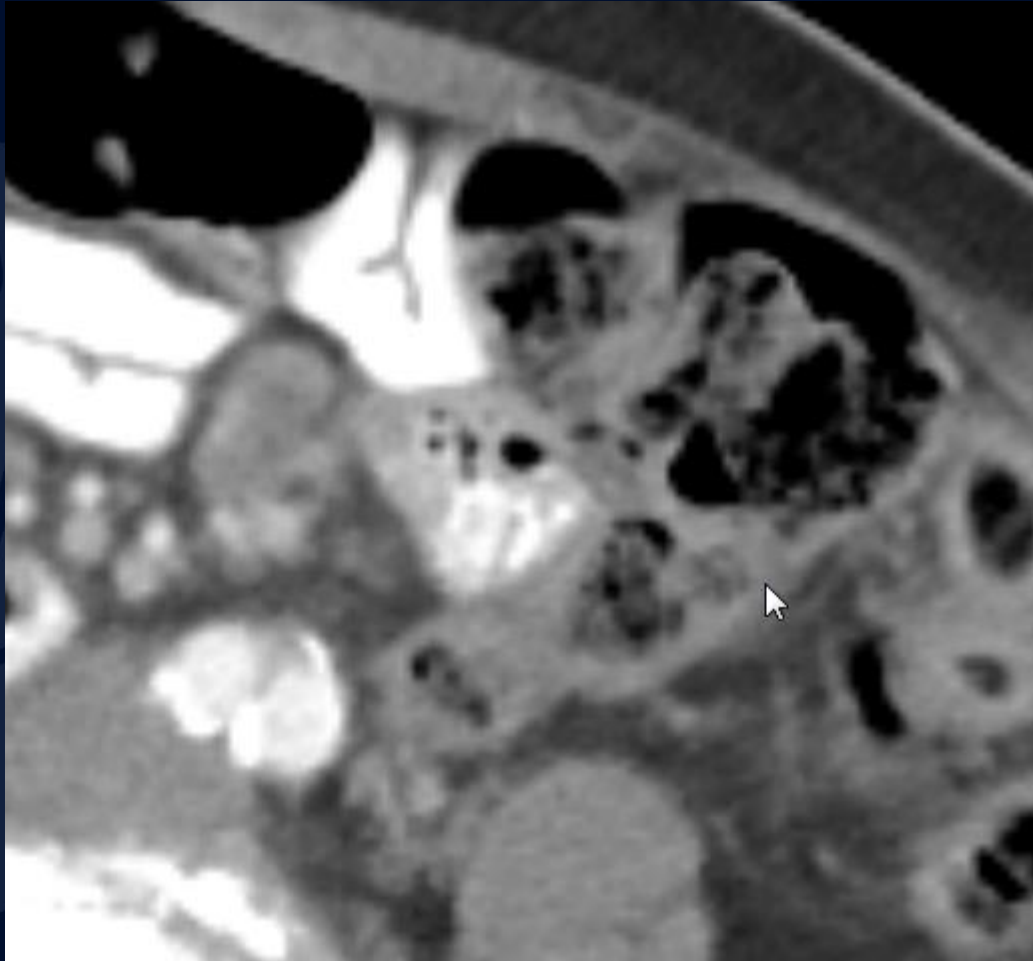


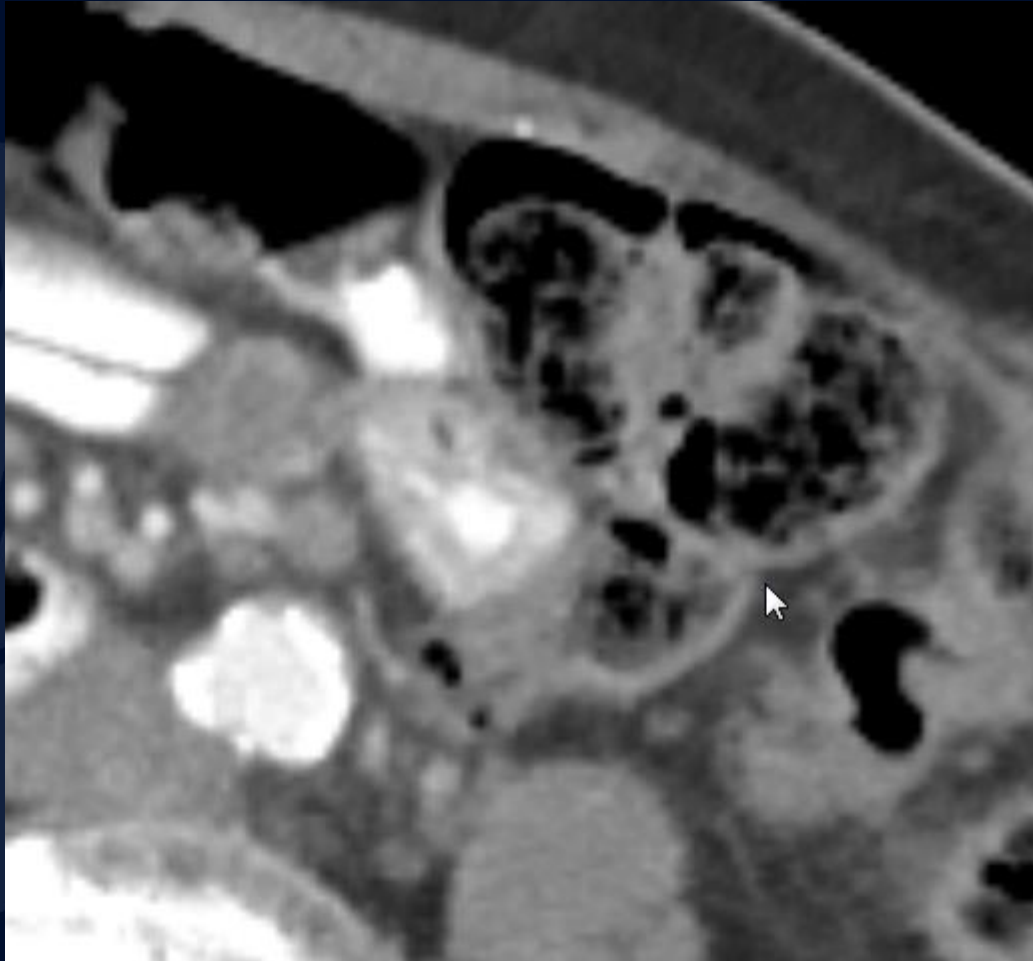


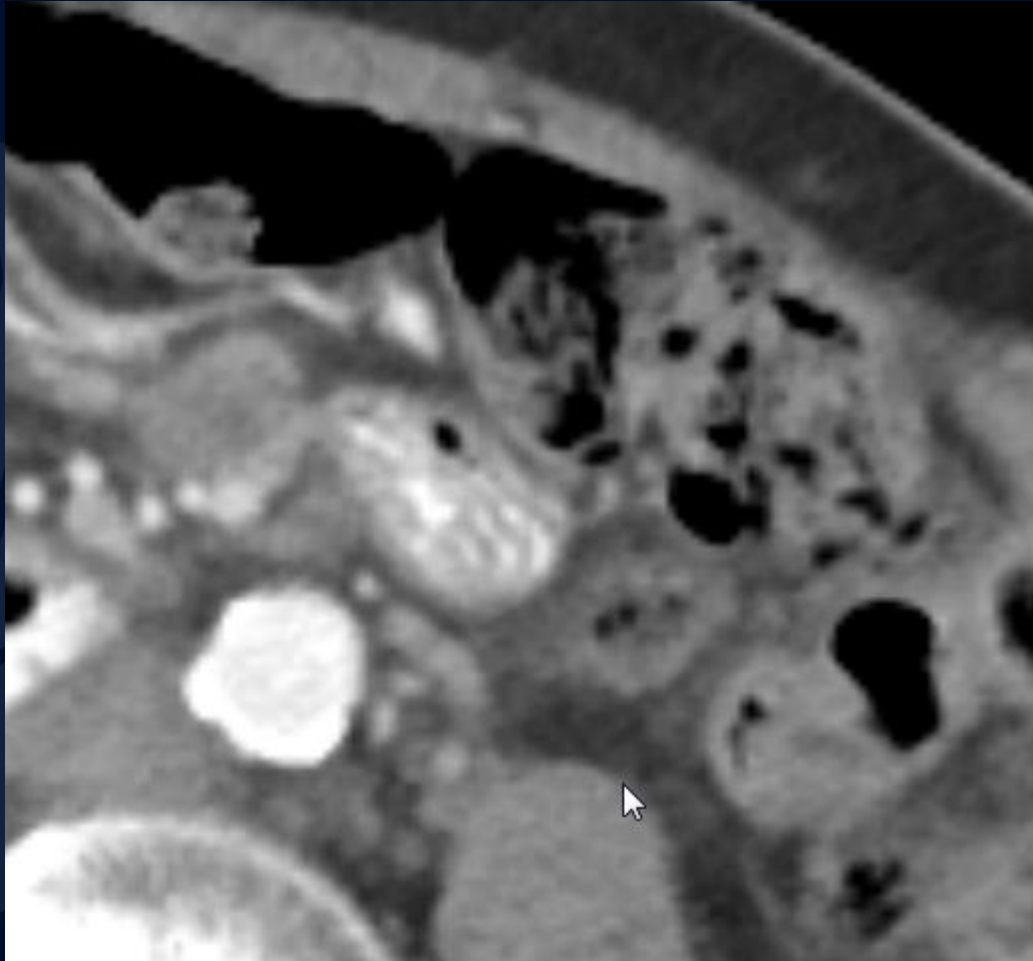


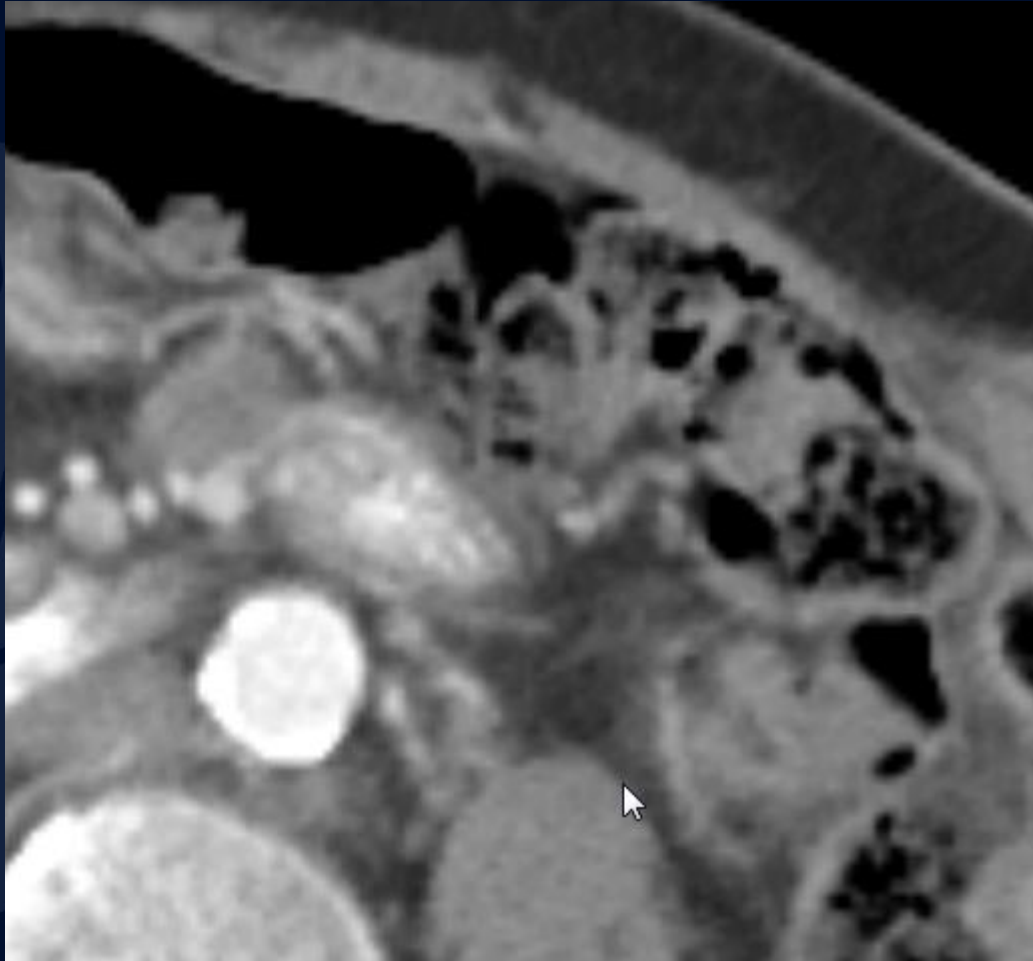












A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

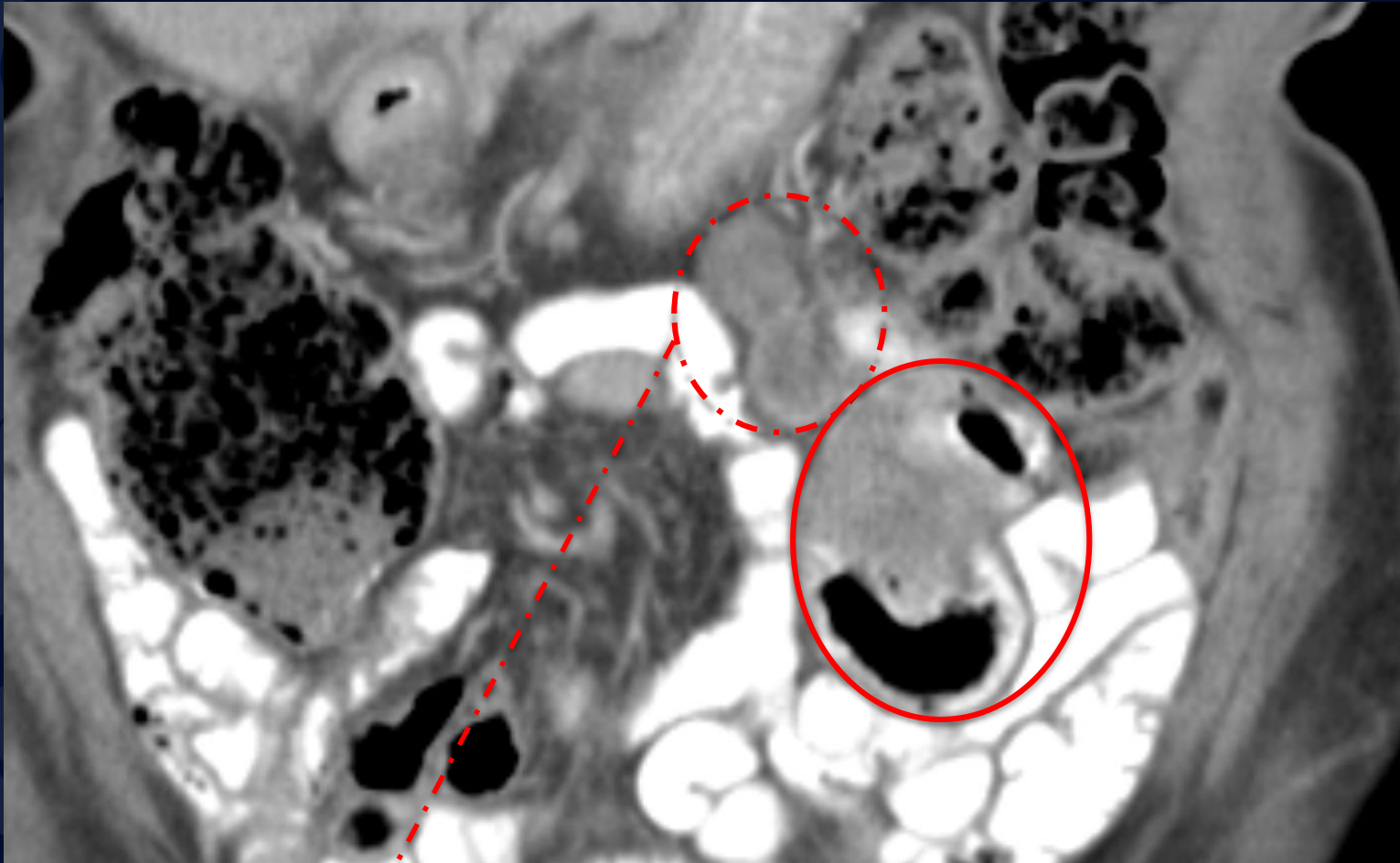
?

Jejunal adenocarcinoma with regional mesenteric nodal metastases

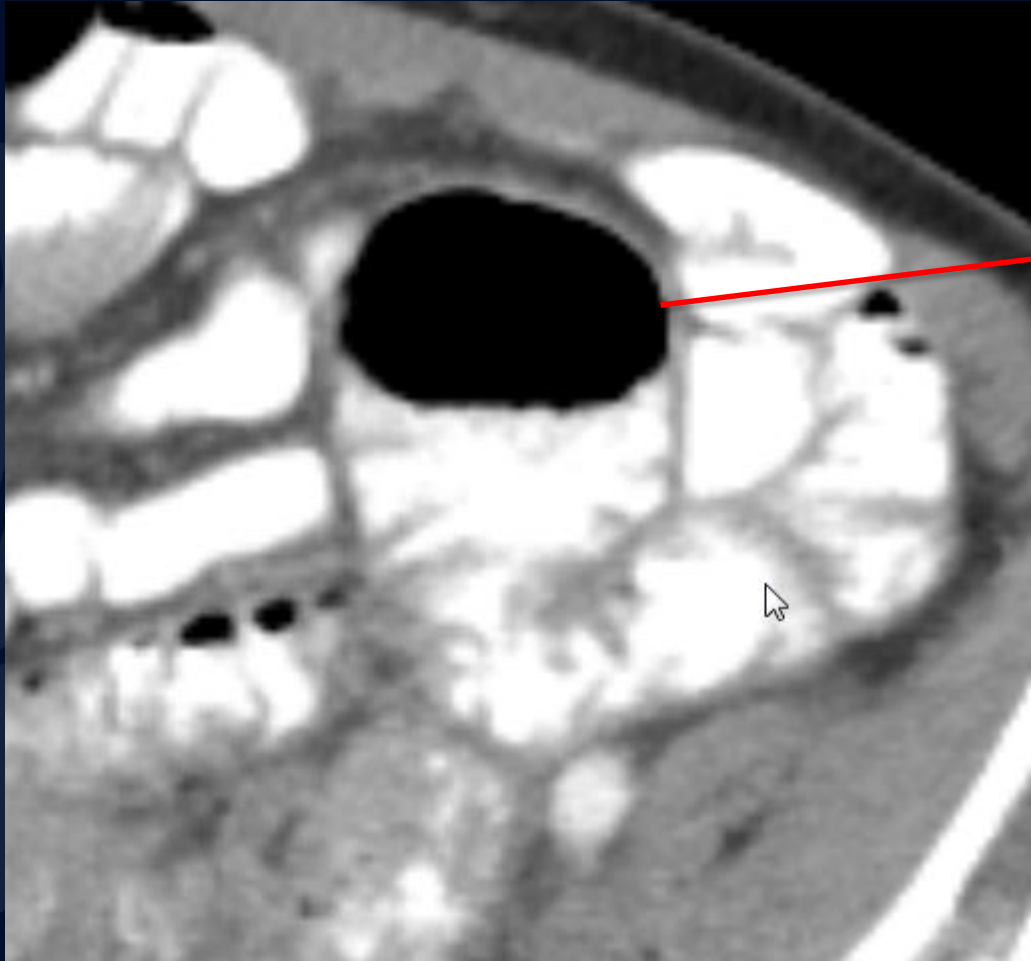


Apple core
jejunal lesion

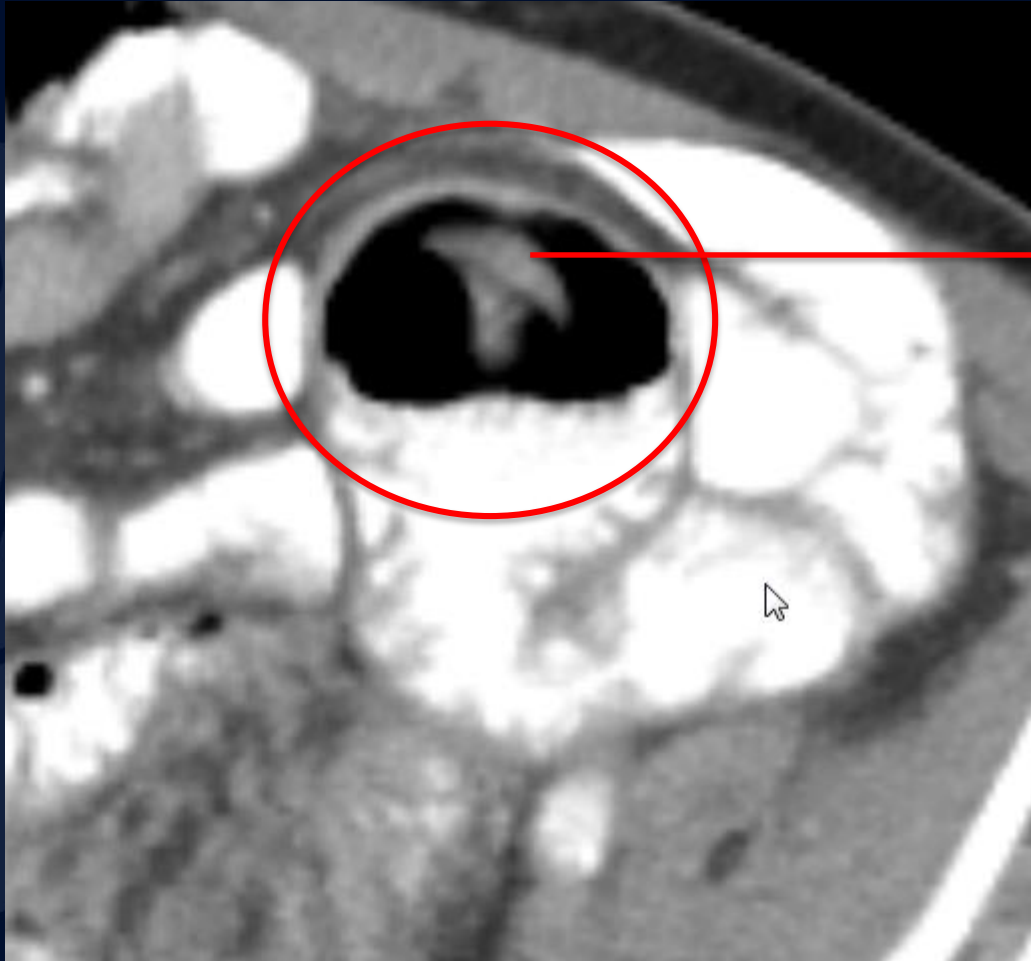
CT abdomen / pelvis - coronal reconstruction



Two adjacent enlarged mesenteric lymph nodes



Small bowel
loop, mildly
dilated



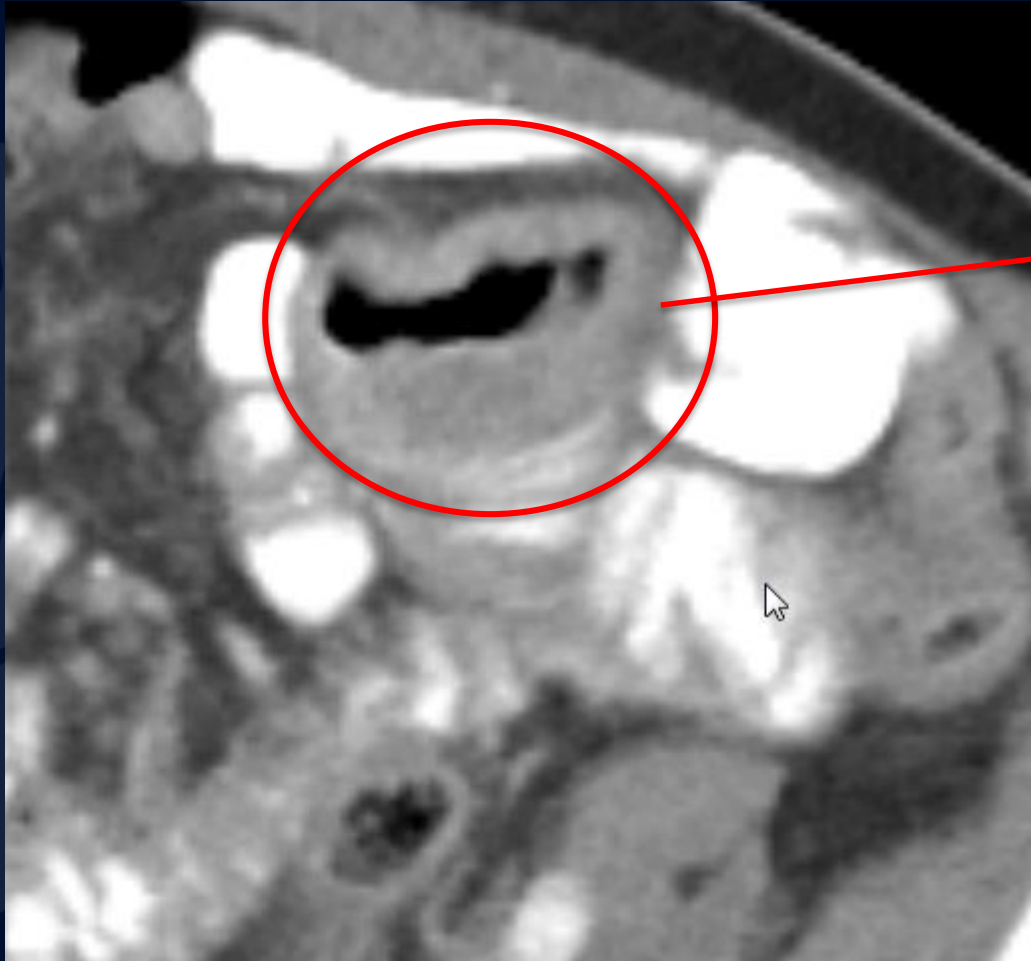
Beginning of
irregular
circumferential
mural
thickening



Irregular
circumferential
mural
thickening



Irregular
circumferential
mural
thickening



Irregular
circumferential
mural
thickening



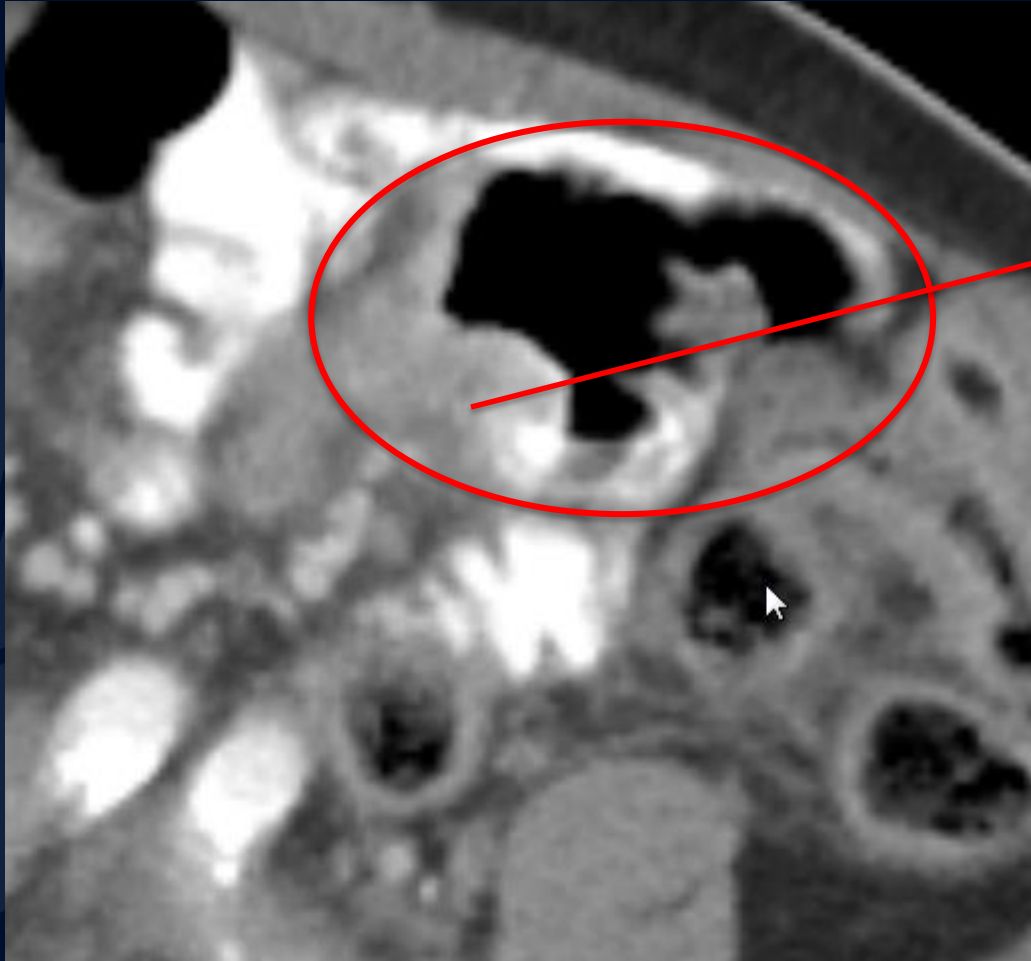
Irregular
circumferential
mural
thickening



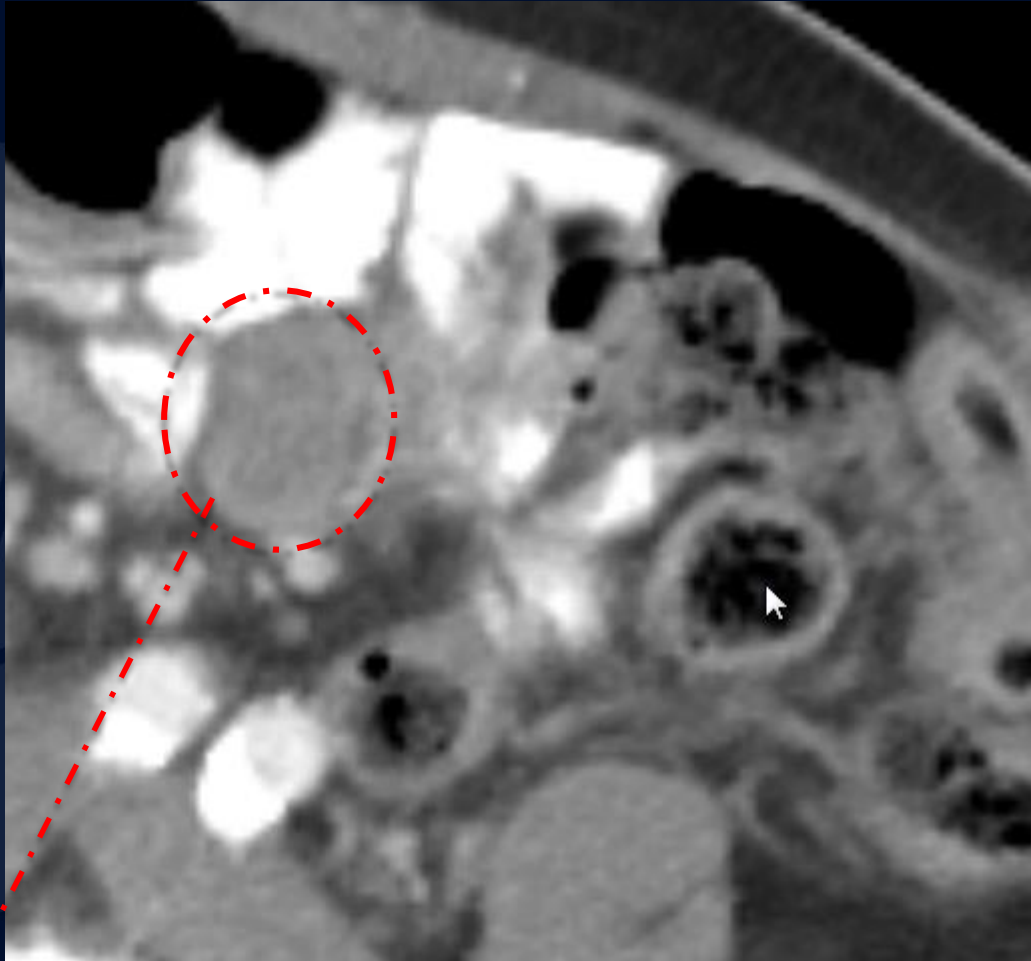
Irregular
circumferential
mural
thickening



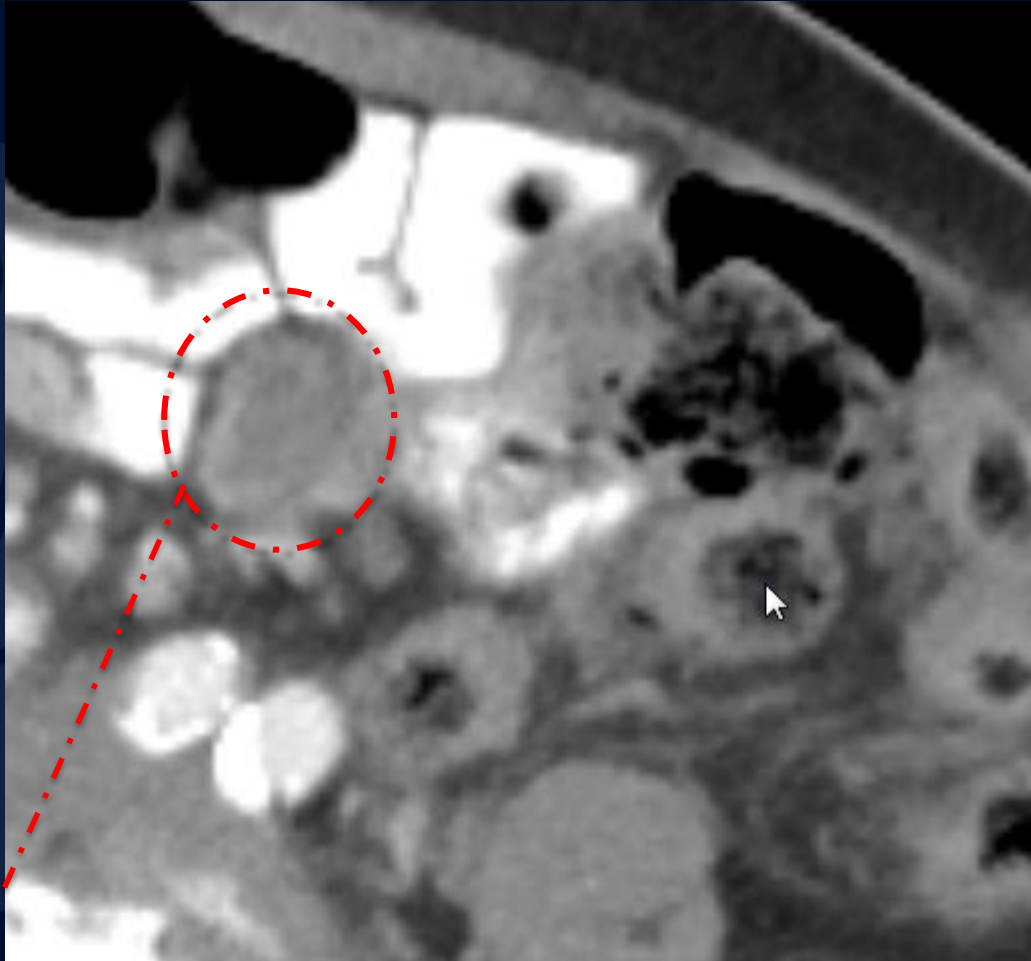
Irregular
circumferential
mural
thickening



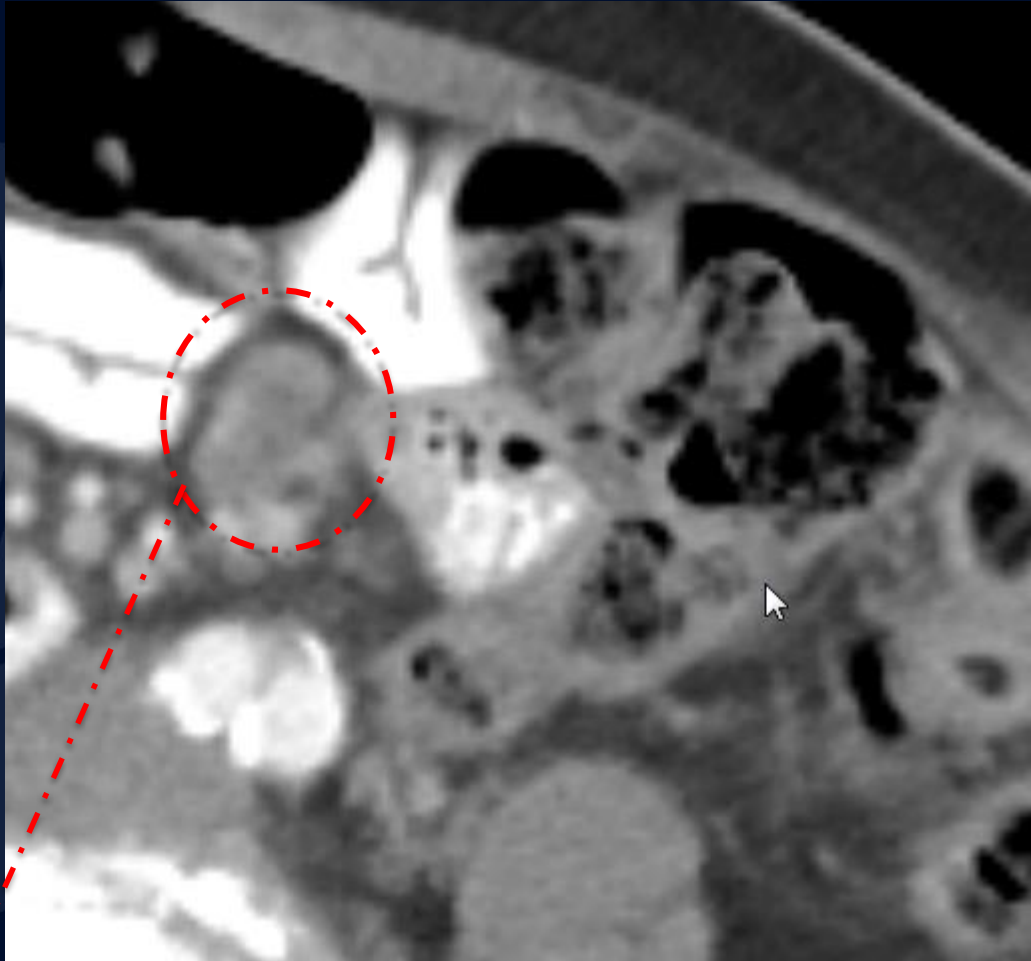
Irregular
circumferential
mural
thickening



Enlarged mesenteric
lymph node (1.8 cm)



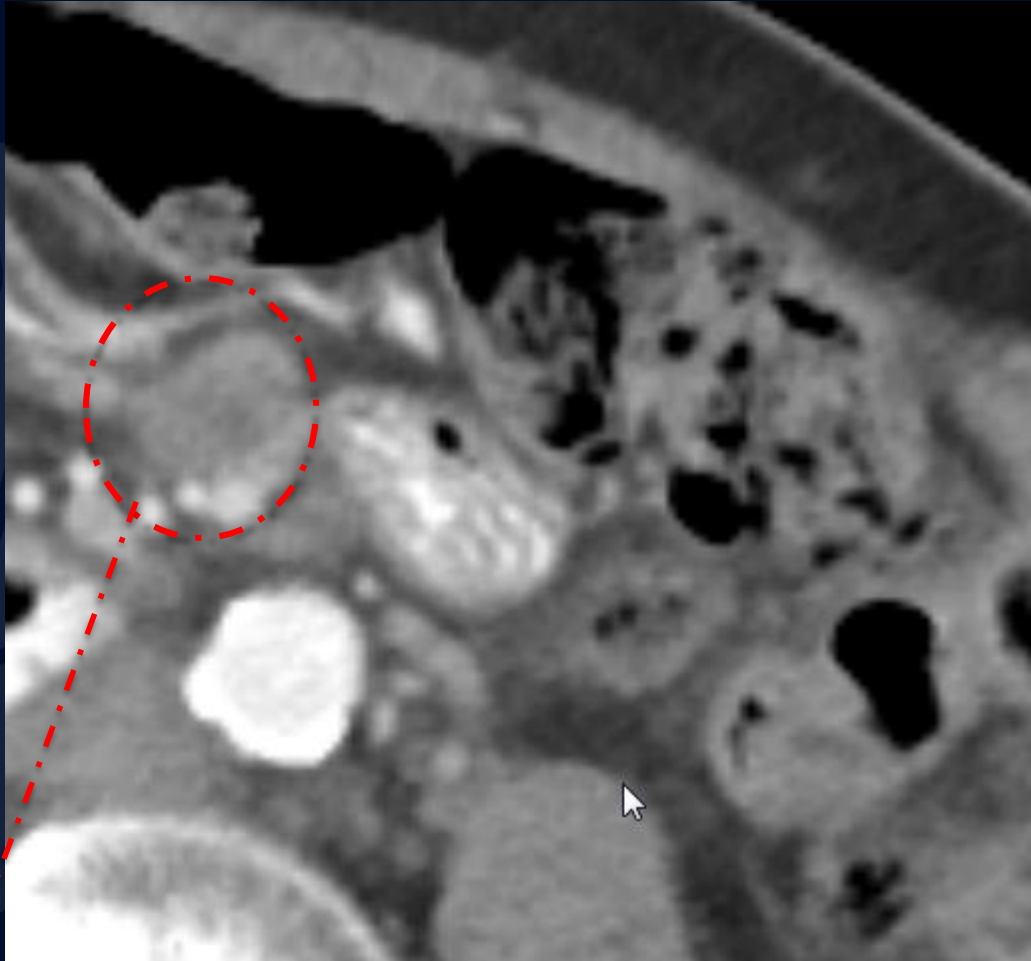
Enlarged mesenteric lymph node (1.8 cm)



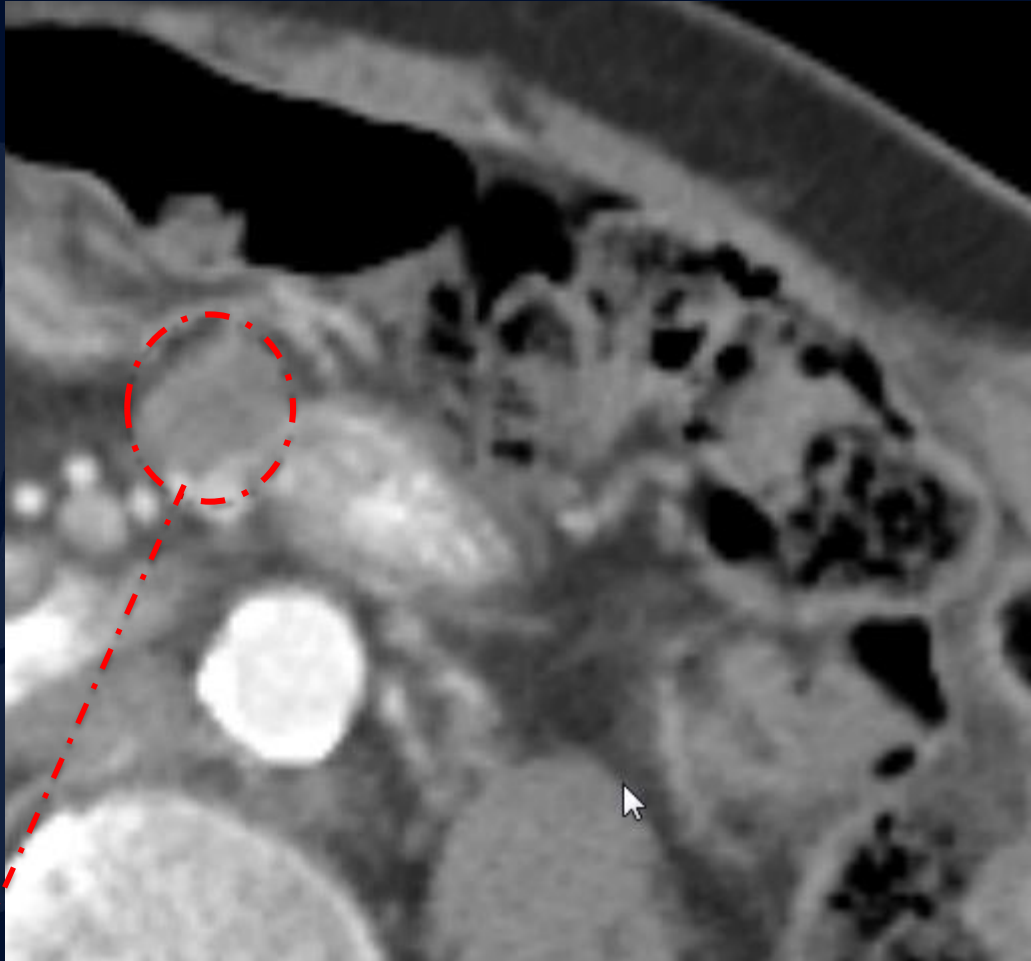
Enlarged mesenteric lymph node (1.8 cm)



Enlarged mesenteric
lymph node (1.8 cm)



Enlarged mesenteric lymph node (1.8 cm)



Enlarged mesenteric lymph node (1.8 cm)

Small bowel adenocarcinoma

Epidemiology

- Risk of small bowel cancer 1.8 per 100,000 persons
- Risk factors: age (mean 65), male gender, African American

Etiology

- Microsatellite instability or adenoma sequence
- Genetic predisposition: Hereditary nonpolyposis colorectal cancer syndrome, Familial adenomatous polyposis, Peutz-Jeghers syndrome, among other genetic disorders
- Chronic inflammation, such as in Crohn's disease

Presentation

- Abdominal pain, nausea, vomiting, weight loss, GI bleeding, obstruction, intussusception
- Stage at presentation: 39% Stage I/II, 26% Stage III, 32% Stage IV

Small bowel adenocarcinoma

Diagnosis

- Imaging: barium small bowel follow-through +/- enteroclysis, capsule endoscopy, CT and MRI enterography.
- Diagnosis confirmed by biopsy usually during surgical management
- Differential: chronic duodenal ulcer disease, Crohn's disease, other small bowel tumor

Treatment

- Surgical: Wide local excision with lymphadenectomy
- Chemotherapy for metastatic or unresectable disease

References

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2. Mayer RJ. Upper Gastrointestinal Tract Cancers. In: Kasper D, Fauci A, Hauser S, Longo D, Jameson J, Loscalzo J. eds. *Harrison's Principles of Internal Medicine, 19e* New York, NY: McGraw-Hill; 2014.
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