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### RESEARCH ARTICLE

#### RECURRENTLY LYMPHNODE OF AN ADENOCARCINOMA OF THE DUODENUM : A CASE REPORT

Amrani Joutei Sarah, Giraud Paul, Bentahila Rita, Maingon Philippe, Chargari Cyrus and Simon Jean Marc

#### Manuscript Info

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#### Abstract

Localized duodenal cancer's treatment is well defined. It consists of a surgical resection with chemotherapy based on 5-Fluoro-Uracil and anti EGFR or targeted therapy; depending on the molecular status. Recurrences often lead to new lines of chemotherapy, mainly for palliative purpose, without benefit in overall survival. We report the case of a patient with recurrent lymph nodes of an adenocarcinoma in the descending part of duodenum, treated with curative radiotherapy, who has been in remission for 2 years.

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#### Introduction:-

Duodenal adenocarcinoma is a rare entity that represents 0.5% of all gastro-intestinal tumor cases [7]. The average age of onset is 63 years with a male predominance. Duodenopancreatectomy with sufficient lymph node dissection is the gold standard in terms of treatment. The lymph node involvement is considered a prognostic factor of duodenal adenocarcinoma with an overall survival that goes from 65% in case of N0 to 21% in case of lymph node metastatic [8]. Adding an adjuvant or neoadjuvant treatment has not proven any benefit in overall survival [9].

However, we found no data on the treatment of loco-regional recurrences and oligometastases.

#### Case Description :

A 63-year-old patient is presenting in the emergency room after the appearance of jaundice, where a complete assessment found a mass at the descending part of duodenum, obstructing the bile ducts as well as several celiac lymph nodes, hepatic hilum and some subcentimetric mesenteric lymph nodes.

The patient benefited from a duodenopancreatectomy. The anatomopathological study was in favor of a moderately differentiated adenocarcinoma without metastatic lymph nodes.

6 cycles of FOLFIRINOX were administered. The patient finished their treatment in December 2021.

A hypermetabolic lymph node on Pet Scan appeared during the chemotherapy.

**Corresponding Author:- Amrani Joutei Sarah**

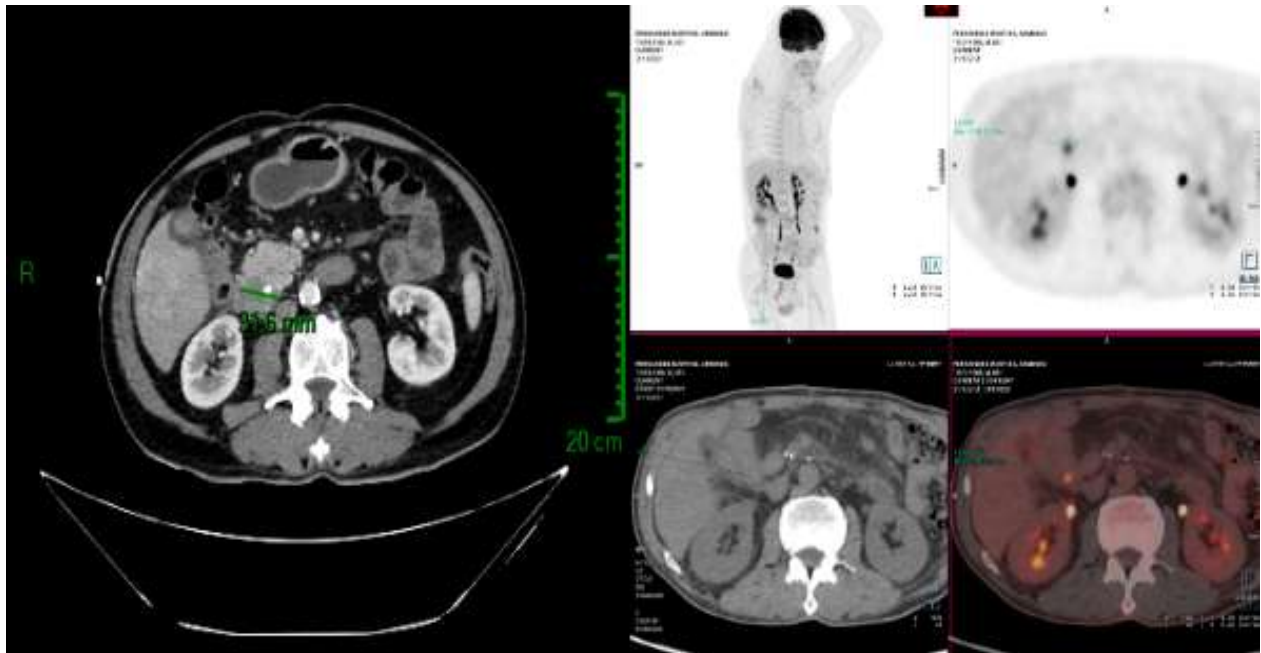


Figure 1:- Pet Scanshowing a hypermetaboliclymphnode.

Radiotherapywithconcomittant 5-FU wasindicated. The patient received 50.74Gy in 28 fractions, or 1.812Gy per fraction, finishinghistreatment on the 24th February 2022.

The technique was « intensity modulation by arc therapy »with 3 beams of 6MeV.

A grade 2 diarrheaccording to the CTCEA occurred.No other complications werenotedduring the 18 monthsfollowing the end of the treatment. The patient wasdeclared in completeremission.

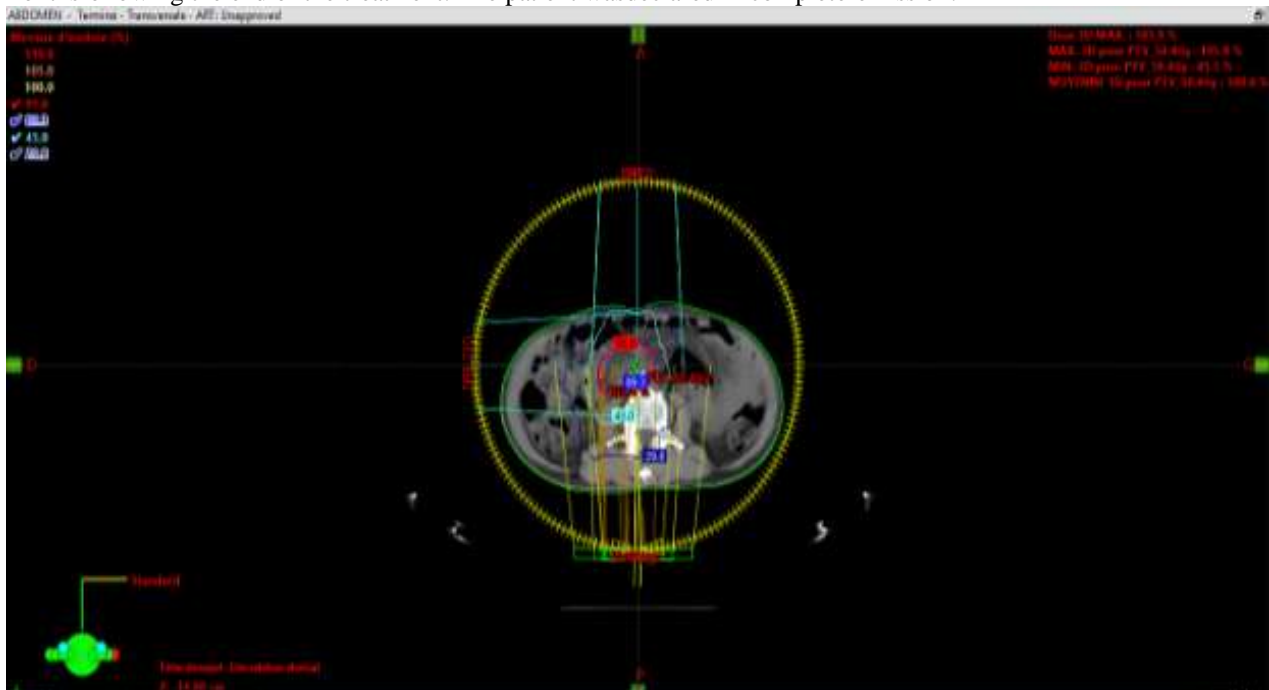


Figure 2:- Radiation Therapy planning : VMAT technic and arcs.

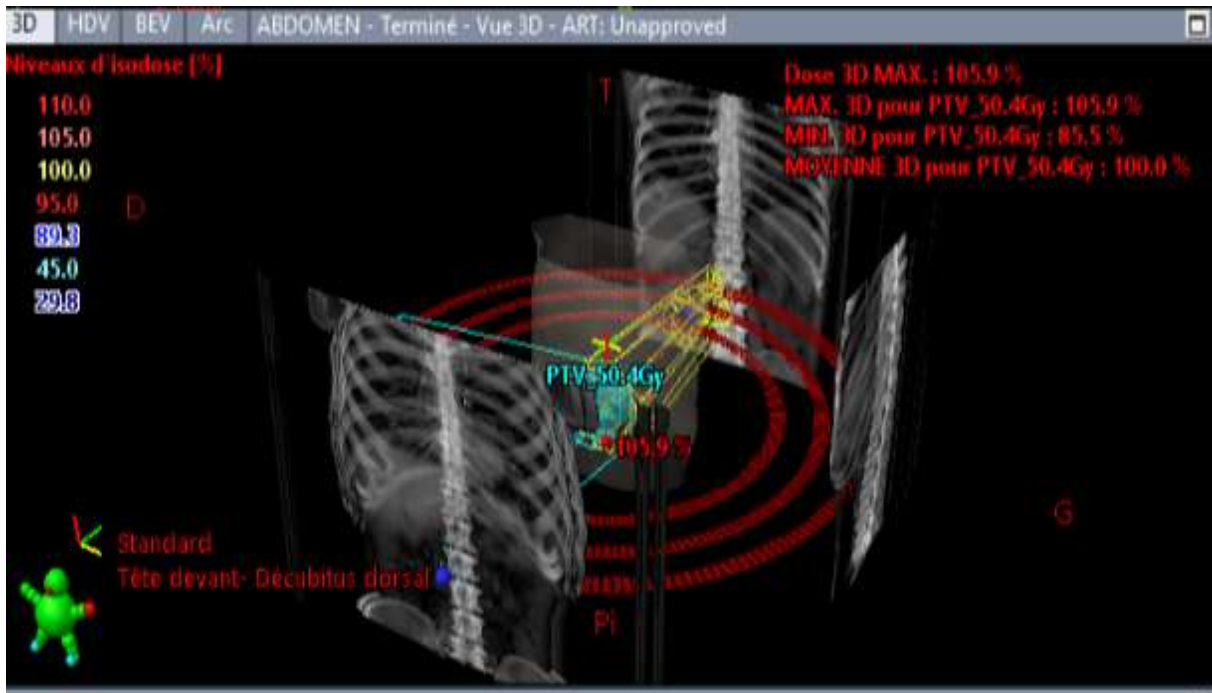


Figure 3:- Radiation Therapy planning : VMAT technic and arcs.

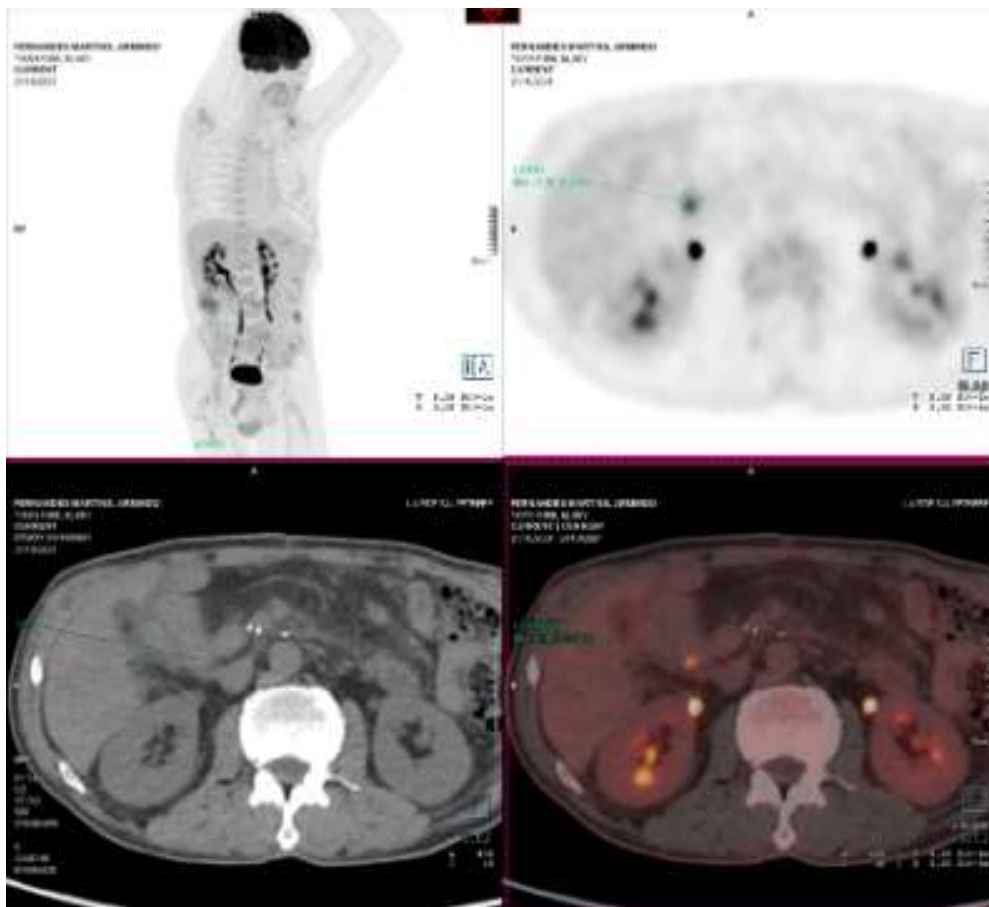


Figure 4:- TEP scan after radiation therapy.

**Discussion:-**

The oligometastatic disease is commonly accepted as being an intermediate stage between localized and metastatic stages [2].

Very few studies have been conducted regarding the treatment of oligometastatic recurrences in the duodenal adenocarcinoma due to its rarity. A retrospective study suggested that a palliative chemotherapy improved survival in metastatic situations (12 months versus 2 months,  $p=0.02$ ). [1]

An adjuvant chemoradiotherapy treatment of localized duodenal adenocarcinoma has given satisfactory results with very low toxicity, essentially digestive toxicity (Diarrhea, nausea, vomiting).

Curative radiotherapy in oligometastatic recurrences has been evaluated in esophageal and colorectal adenocarcinomas. However, no case of recurrence of duodenal cancer has been found in the literature.

According to the OMEC group (Oligometastatic esophageal Cancer), the treatment of choice for oligometastatic recurrences in esophageal adenocarcinomas relies on systemic therapy followed by ablative treatment, depending on the medical team's choice.

Regarding the colorectal cancer, isolated lymph nodes' recurrences are rare and represent less than 10% of all cases [4,5]. Local treatment in case of lumbo-aortic recurrence seems to improve overall survival, increasing from 15 to 60% in 5 years [6].

Due to the scarcity of data in the literature on duodenal cancers, our team was inspired by recommendations on oligometastatic recurrences of esophageal and colorectal adenocarcinomas to treat our patient. The patient has been in complete remission for 2 years now, which is concordant with the previously cited results.

**Conclusion:-**

Duodenal adenocarcinoma is a rare entity and the treatment of recurrences oligometastatic remains uncoded. Concomitant chemoradiotherapy could be effective in lymph nodes' recurrences.

Sufficient insight is necessary to judge the effectiveness of our patient's treatment.

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