

A CASE REPORT OF PANCREAS HEAD CANCER METASTASIZING TO BREAST AND PERICARDIUM

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A 27 year old female patient, married, presented with a mass in left breast and two masses in right breast, was abdominal delivered of a female infant at full term half a year ago.

The patient was admission to surgery department for breast operation. Before operation, all the hematological examinations and the cardio-pulmonary examination were normal. The head of pancreas was observed tumescently and pancreas duct was dilatation by B-ultrasonic scanning and CT. The preoperative diagnosis was: 1. mammary tumors; 2. suspicious carcinoma of the head of pancreas.

On February 2, 1992, a 1.5 cm in diameter tumor in left breast, 1 cm and 1.5 cm in diameter tumors in right breast were resected respectively. All the pathologic diagnoses were malignant. The immuno-chemical diagnosis was pancreas cancer metastasizing to bilateral breasts. After two weeks, jaundice was present and the blood total bilirubin was 15.9 mg/dl, the direct bilirubin was 13.2mg/dl. It was found that the pancreas was more tumescent than before, B-ultrasonic scanning and CT of the gallbladder and the common bile duct were distention. An exploratory laparotomy was performed and found the pancreas was hard, its head was about 6 cm in diameter. The pancreas duct and common bile duct were dilated excessively but the cytological examination was negative. Because the tumor had involved the super mesentery vein(SMV) and could not resected, a palliative operation with Roux-en-Y choledoch-

jejunostomy was performed.

After about four months from the operation, The patient was hospitalized again for tightness in the chest and shortness of breath. The pericardial effusion and involvement of myocardium was observed by the Ultrasonic Doppler examination. The pericardiocentesis had to do and cancer cytological test was positive. Soon, the patient's condition continued to worsen when large quantity of pleural effusion and ascites were present. The patient died of multiple organs failure in July 10, 1992.

Discussion

The incidence of primary pancreas carcinoma in West (9-10/100,000) is much higher than that of the East (3-4/100,000). The ratio of male to female is 2-4: 1. The clinic symptoms of advanced primary cancer of the head of pancreas are jaundice, wight loss, vague abdominal pain, hypodynamia and lymphadenectasis in left supraclavicular region. This patient was a 27 years old young women, and normally lactated, had no above symptoms as before.

The route of metastasis of primary cancer of the head of pancreas is mostly lymphatic system, and always metastasizing to liver, lung, bone etc.. This is also hematogenous dissemination by portal vein system. The breast metastasis tumor was rarely met with. The head of pancreas cancer metastasized to bilateral breasts and pericardium simultaneously did not report before.

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