Periampullary Carcinoma in a Young Female with Situs Inversus

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Abstract
Periampullary carcinoma in a young female with situs inversus viscerum is reported. Endoscopy was difficult because of the altered anatomy. (Indian J Gastroenterol 1992; 11: 91)

Key words: Endoscopic retrograde cholangiopancreatography.

Situs inversus is a rare congenital anomaly. We report its association with periampullary carcinoma in a young female and describe problems in performing endoscopic procedures in its presence.

A 33 year old woman presented with progressive cholestatic jaundice and cholangitis of four months' duration. Examination revealed deep jaundice and a smooth, non-tender, cystic lump below the left costal margin moving with respiration. Ultrasonography of the abdomen showed a left sided liver with dilated intrahepatic biliary radicles and a distended gall bladder. The common bile duct was dilated to its lower end. Side viewing duodenoscopy using an Olympus-JF endoscope was attempted, initially with the patient in the conventional left lateral-left prone position but the pylorus could not be reached due to limited down and left angulation movements of the scope. It was then attempted with the patient in the right lateral-right semiprone position with the endoscopist standing on the right side of the bed. The endoscope could be negotiated into the second part of the duodenum, where a large polypoid periampullary growth was seen. Endoscopic biopsy from this growth showed adenocarcinoma. Large size of the tumor precluded deep cannulation of the bile duct and hence, endoscopic biliary stenting. CT scan confirmed the above findings (Figure).

Laparotomy revealed a mirror image disposition of the abdominal viscera, distended gall bladder and a periampullary growth palpable through the duodenal wall. Cholecystojejunostomy and jejuno-jejunostomy were performed in view of deep jaundice and cholangitis. She did not return for definitive surgery.

The incidence of situs inversus is 1 in 10,000 to 1 in 50,000. Association of cancer with situs inversus is rare and only 16 cases of cancers of the stomach, lung, colon, gall bladder, ovary, ethmoid and liver had been reported till 1984.1 Though occurrence of carcinoma of the head of the pancreas with this condition has been reported,2 to the best of our knowledge, that of periampullary carcinoma has not been previously reported.

Side viewing duodenoscopy and ERCP may be technically difficult in patients with situs inversus. This problem can be overcome by altering the position of the patient and endoscopist3 as was done in this case.

Another point of interest in this patient was the occurrence of periampullary carcinoma at an unusually young age of 33 years. Pancreatic and periampullary carcinomas commonly present in the fifth and sixth decades of life and are rare in young individuals.4

References