

Late Occurrence of Multiple Bone Metastasis in Patient with well Controlled Advanced Pancreatic Cancer

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1. Case presentation

A 67-year-old male patient with abdominal pain was transferred from local clinic center because of abnormal CT finding. Abdominal CT showed pancreatic tail mass with multiple liver, and lymph node metastasis.

2. Diagnosis

He was diagnosed as pancreatic tail cancer, adenocarcinoma poorly differentiated, with liver, and multiple lymph node metastasis by liver biopsy.

3. Therapy and Clinical course

He had Gemcitabine/Erlotinib chemotherapy for 3 cycles and Gemcitabine monotherapy for 2 cycles. During chemotherapy, follow-up abdominal CT showed partial response. After 6 months from diagnosis, he suffered from abdominal pain and back pain. Abdominal CT showed previous cancer lesion was well controlled but there were new multiple liver mass lesions appeared. He had second line 5-FU/Cisplatin chemotherapy for 8 cycles. After 12 months from diagnosis, he complained left leg pain and Alkaline phosphatase (ALP) was sharply increased. He was performed bone scan and it showed new multiple bone metastasis with pevis. He underwent palliative radiation therapy to pelvic bone.

4. Conclusion

The prognosis of pancreatic cancer is poor and extremely difficult to well control. In this case, multiple bone metastasis occurred lately during the well controlled pancreatic cancer with chemotherapy..

Key Words: Pancreatic cancer, Bone metastasis

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67/M

- **Chief Complain**

- Abdominal pain for 2 months

- **Present Illness**

- 2개월 전부터 abdominal pain, dyspepsia 있어 LMC에서 시행한 CT상
이상소견 있어 OPD 통해 내원.

- **Past Medical Hx**

- DM ,old TBc, Bronchiectasis, Asthma

- **Social Hx**

- Ex-smoker: 7년 전 stop, 35 pack years
- Alcohol: social

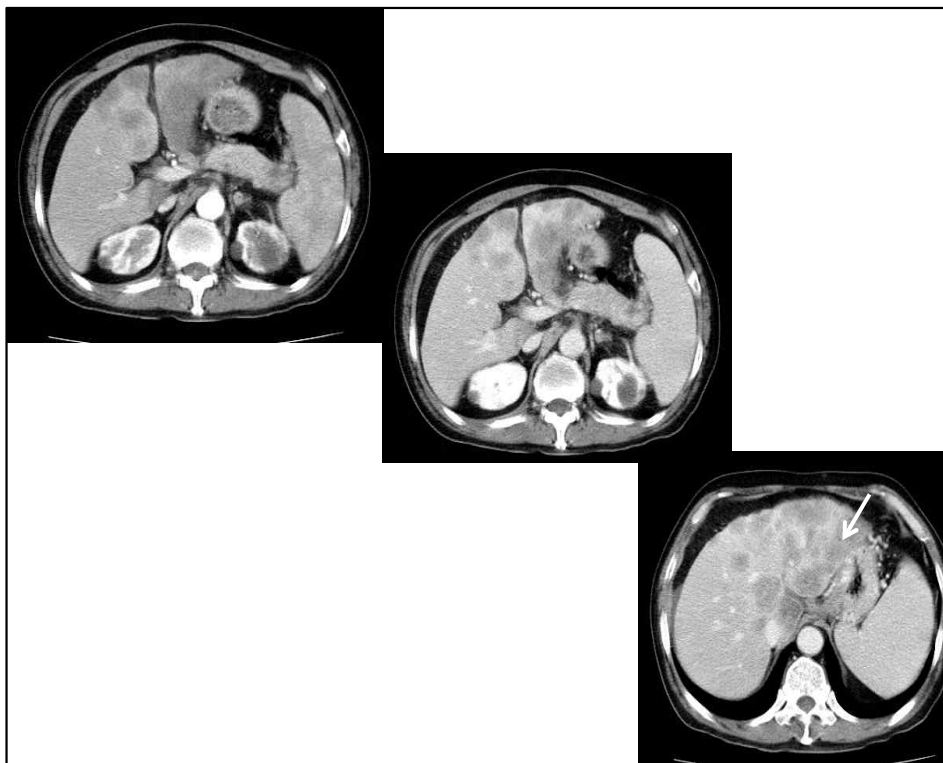
- **Review of System**

- General weakness, Fatigue
- Abdominal pain, Dyspepsia

- **Physical Examination:** N-S

- **Lab**

- CBC: 9250/**12.7/114K**
- TP/Alb: 6.74/3.02
- T-Bil/D-Bil/AST/ALT/ALP/GGT: 0.3/0.2/**45/47/441/121**
- BUN/Cr: 25.71/1.62
- CA 19-9: **400** (0~37)



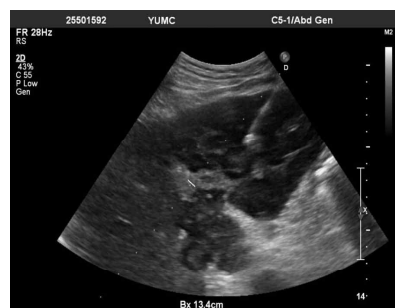
US guided Liver Biopsy

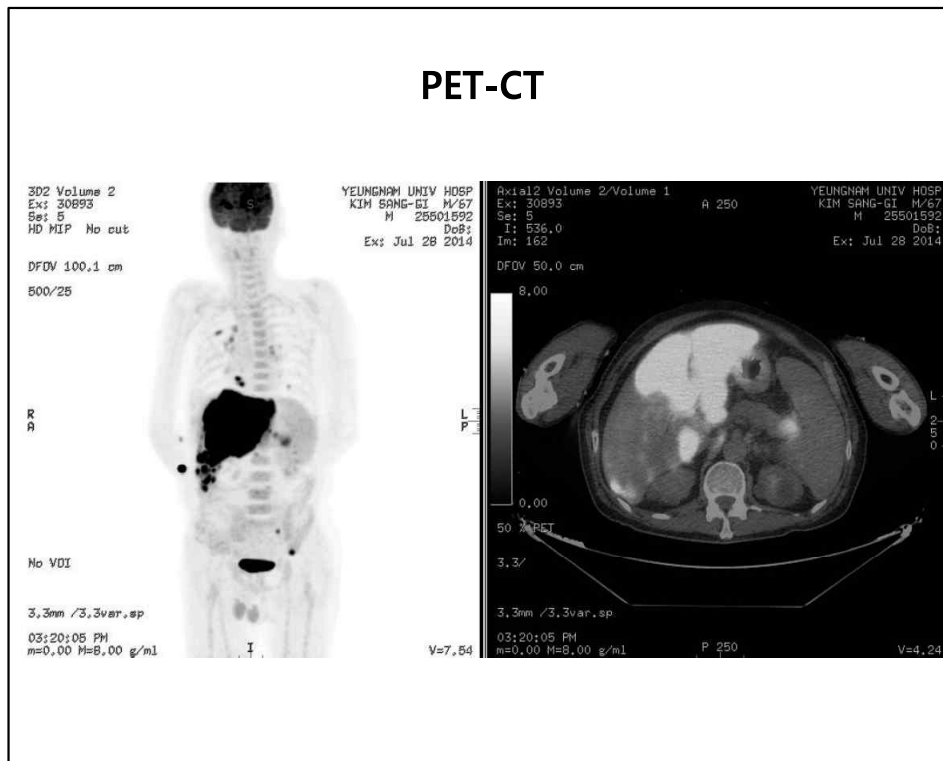
- Liver, needle biopsy: Adenocarcinoma, poorly differentiated

On the base of histopathologic findings and result of immunohistochemical stain, the primary site may be liver (intrahepatic cholangiocarcinoma) or other organs (pancreas).

Result of immunohistochemical stain

Antibody	Tumor cells
Cytokeratin 7	(+)
Cytokeratin 19	(+)
Cytokeratin 20	(+) focal
Hepatocyte antigen	(-)
TTF1	(-)

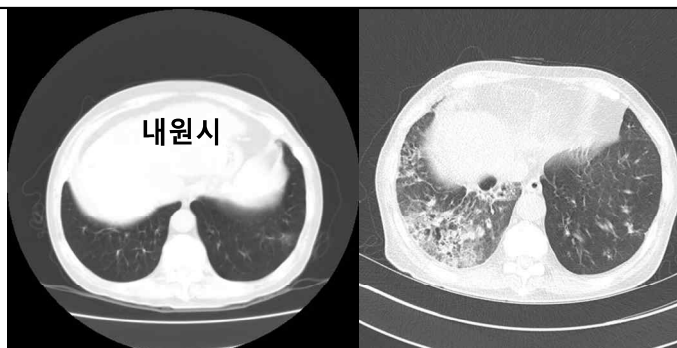




Diagnosis

- #1. Pancreatic tail cancer, Adenocarcinoma, poorly differentiated
- #2. Liver & multiple lymph node metastasis r/o multiple bone metastasis
- #3. Diabetes mellitus
- #4. Asthma
- #5. Bronchiectasis
- #6. Old pulmonary tuberculosis

Treatment



- **1st line Gemcitabine/Erlotinib CTx #3**

- Gemcitabine 1,000 mg/m² IV over 30 min D1, D8, D15
- Erlotinib 100 mg/d daily
- Q 4 wks

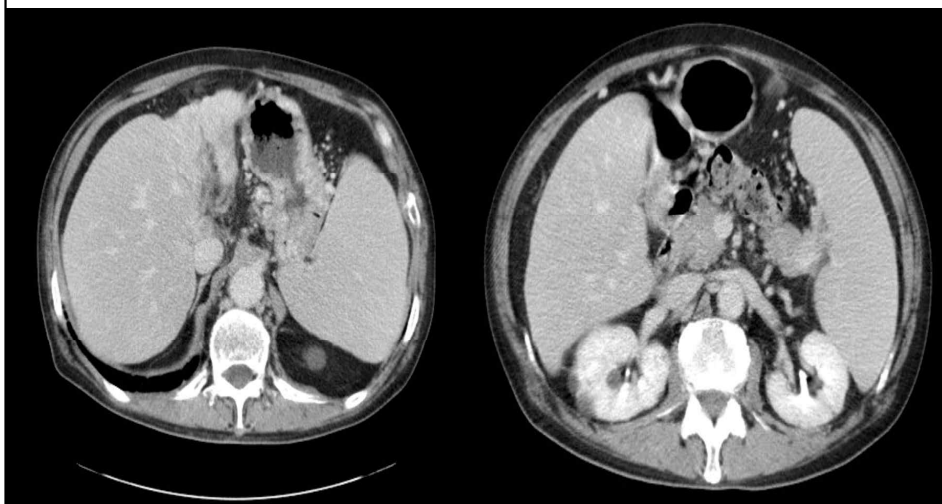


Pneumonia 발생

- **Gemcitabine monotherapy #2**

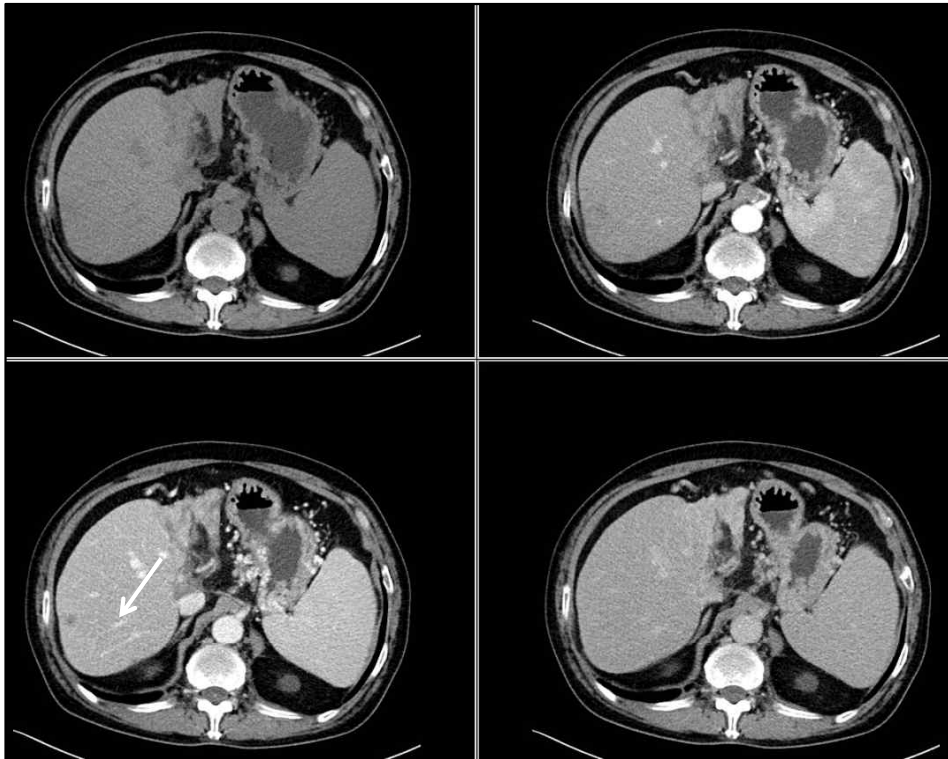
- Gemcitabine 1,000 mg/m² IV over 30 min D1, D8, D15

* 1st line Gemcitabine/Erlotinib CTx #3 후 시행



Progression: 6 months later

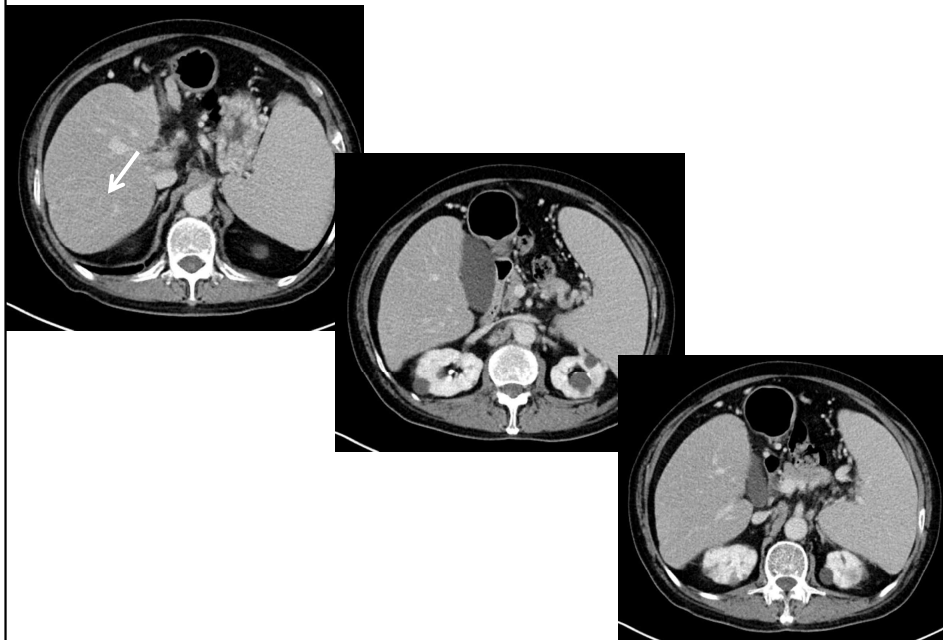
- 1개월 전부터 abdomen, back pain aggravation 호소
- CA 19-9: 969.2 (1달 전 602.9)



- **2nd line 5-FU/Cisplatin CTx. #8**

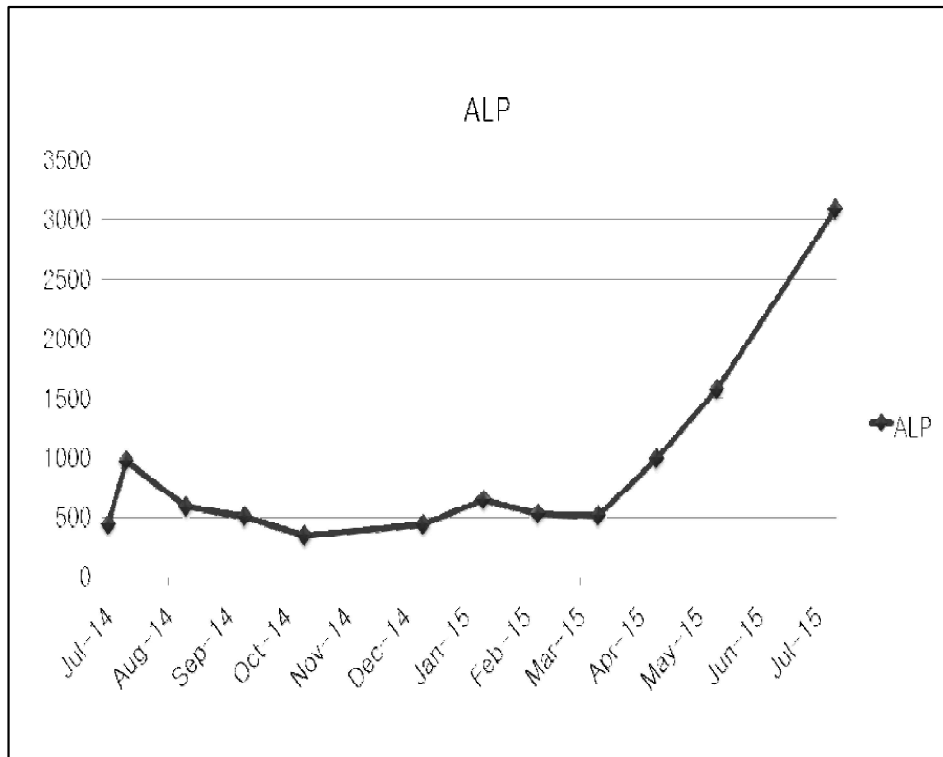
- 5-FU: 750 mg/m² IV day 1-4
- Cisplatin: 70 mg/m² IV day 1
- Q 4wks
- Dose reduction 50% d/t pneumonia from C3
- Dose increase 25% from C6

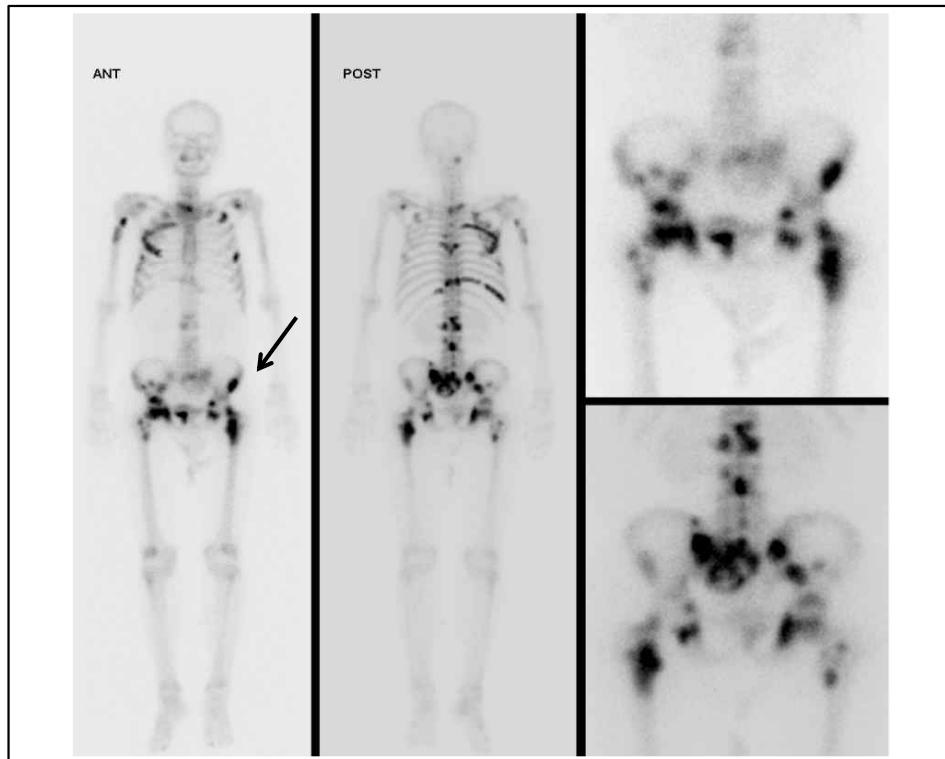
- * **2nd line 5-FU/Cisplatin CTx. #5 후 시행**



Progression: 12 months later

- Both leg pain (Lt > Rt) 호소
- CBC: 6050/9.9/87K
- TP/Alb/T-bil/D-bil/AST/ALT/ALP/GGT
7.47/3.68/0.54/0.21/29/20/3079/202
- CA 19-9: 2186 (3달 전 683)





- Pelvic bone palliative RTx: 3000 Gy , 12 Fraction

Diagnosis

#1. Pancreatic tail cancer, Adenocarcinoma, poorly differentiated

-> PR state

#2. Liver & multiple lymph node metastasis -> PR state

Bone metasatsis -> PD state

#3. Diabetes mellitus

#4. Asthma

#5. Bronchiectasis

#6. Old pulmonary tuberculosis