

## Pancreaticoduodenectomy for dysplastic duodenal adenoma in a patient with familial adenomatous polyposis

Roberto Merenda<sup>1</sup>, Giuseppe Portale<sup>2</sup>, Francesca Galeazzi<sup>1</sup>, Chiara Tosolini<sup>1</sup>, Giacomo Carlo Sturniolo<sup>1</sup>, and Ermanno Ancona<sup>2</sup>

<sup>1</sup>Department of Gastroenterological and Surgical Sciences, University of Padua School of Medicine;

<sup>2</sup>Istituto Oncologico Veneto (IOV-IRCCS), Padua, Italy

---

### ABSTRACT

---

Colorectal polyposis is the main feature of familial adenomatous polyposis (FAP), but benign and malignant lesions have also been described in the stomach, duodenum, small bowel, biliary tract and pancreas. There are few reports on FAP patients with duodenal polyps that developed at a younger age and even fewer on cases with dysplastic degeneration. The progression to carcinoma usually presents quite late in the clinical history of FAP patients, typically at least 20 to 25 years after proctocolectomy. This report described the rare case of a patient presenting with duodenal adenomas with dysplastic changes and tumor infiltration as the first sign of FAP, who was treated by pancreaticoduodenectomy followed by proctocolectomy for subsequent dysplastic changes in colonic polyps.

---

**Key words:** *familial adenomatous polyposis, proctocolectomy, pancreaticoduodenectomy.*

Correspondence to: Ermanno Ancona, MD, Istituto Oncologico Veneto (IOV-IRCCS), Via Gattamelata 64, 35128 Padua, Italy.

Tel +39-049-8211240;

fax +39-049-8213151;

e-mail [ermanno.ancona@unipd.it](mailto:ermanno.ancona@unipd.it)

Received May 31, 2007;  
accepted August 29, 2007.