


**PRIMARY JEJUNAL ADENOCARCINOMA IN A YOUNG WOMEN: A RARE CASE REPORT**

*Younes Cherradi*  
*Gastroenterologist & Interventional Endoscopist, Sefrou, Morocco.*

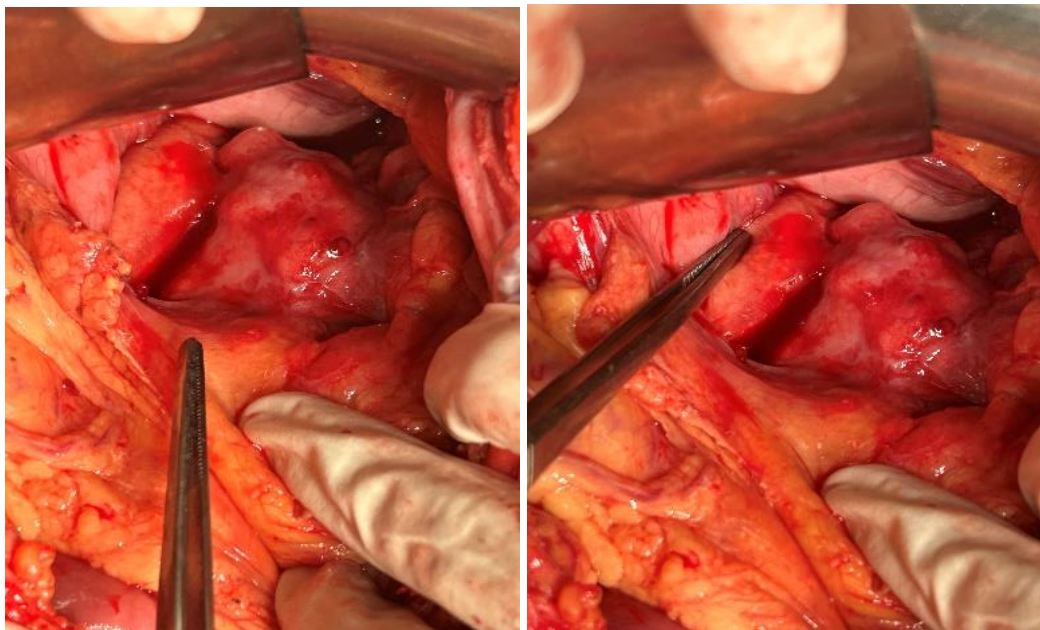
**Corresponding Address: Younes Cherradi, MD - Gastroenterologist & Interventional Endoscopist, Sefrou, Morocco. Email: [cherradiyounes@hotmail.com](mailto:cherradiyounes@hotmail.com) ; ORCID ID: <https://orcid.org/0000-0002-8800-4668>**

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A 26 years old women patient with abdominal pain, occasional vomiting, weakness and weight loss was addressed to our department for the exploration of an irregular circumferential abdominal mass involving the proximal jejunum at the computed tomography (CT) scan. No signs of occlusion were reported. Upper Gastrointestinal endoscopic investigation showed a large irregular whitish and nodular lesion ([Video](#) ) duodenum showed mosaic appearance with reduced number of folds. Histopathology concluded to moderately differentiated adenocarcinoma of the jejunum. Duodenal biopsies assessed the diagnosis of 3b type caeliac disease according to the modified Marsh classification. Surgery was indicated: en-bloc total resection was not possible because of local tumoral invasion (**Figure 1**). Feeding jejunostomy was performed. The patient benefited of 03 cycles of FOLFOX with significant regression of the tumor at the post chemotherapy CT scan control. Patient has been scheduled for total tumoral resection.

Primary jejunal adenocarcinoma is a rare condition with poor prognosis (*Patel et al. 2022*). When possible, en-bloc surgical resection is the gold standard for treatment. Coeliac disease should be investigated in the etiological workup because of its premalignant nature and the associated risk for small bowel adenocarcinoma (*Hassine et al 2023; Rampertab et al. 2003*).



**Figure 1:** Jejunal adenocarcinoma showing local tumoral invasion: (Surgical view).

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