

Highly Increased Levels Of CA19.9 Masquerading The Presence Of Another Primary

Divya ARORA¹, Saqib KHAN¹, Amar RANJAN^{*2}, Pranjal DUBEY¹, Tapan BISWAS¹

¹Pathology, Composite Hospital, CRPF, Delhi, INDIA

²Laboratory Oncology, AIIMS, Delhi, INDIA

Background : An elevated serum CA 19.9 level has a sensitivity of 79–81% and a specificity of 82–90% for diagnosing pancreatic cancer in symptomatic patients, however it does not confirm the diagnosis even if significantly raised.

Methods : A 65 year old woman presented to the department of surgery with chief complaints of swelling below right costal region. A 2x2 cm non tender, slightly erythematous lesion initially suspected as infected sebaceous cyst turned out to be a metastatic adenocarcinoma with mucinous changes on histopathological examination. Detailed history was taken along with rigorous general physical examination to look for primary. An X ray chest, along with USG abdomen was done to find the primary site. Chest X ray and USG were essentially excepting a subcentimetric area of fibrosis.

Results : Serum tumour markers were done which showed highly raised CA 19.9 (>1200 U/ml) and CEA (532 ng/ml). Following which a provisional diagnosis of CA pancreas was considered due to cutaneous abdominal metastasis and raised CA 19.9. A PET scan was then ordered which revealed FDG avid uptake in a mass like lesion in lung with multiple musculoskeletal metastases and also to other organs like adrenal, pancreas and thyroid. Immunohistochemistry from subcostal swelling revealed strongly positive CEA, CK7 and Napsin and focal positivity for TTF 1 thus confirming the primary as lung.

Conclusions : CA 19.9 although a sensitive and specific marker for diagnosis of Pancreatic cancer does not always indicate a primary and the levels cannot always differentiate between primary and secondary.

Corresponding Author : **Amar RANJAN** (dr.amarranjan@rediffmail.com)