The role of confocal endomicroscopy for diagnosis of solid pseudopapillary tumor of the pancreas

The patient is a 31-year-old woman with a past medical history of asthma who presented with a 2-month history of left flank pain that radiated to the back. Initial labs including hepatic and biliary profile were unremarkable. Computed tomography (CT) of the abdomen and pelvis was significant for a 12.5-cm well-circumscribed mass with internal septations in the pancreatic tail with an anterior enhancing solid component. Endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) was performed followed by confocal laser endomicroscopy (▶ Fig. 1 a, b), which revealed small- to medium-sized dark clusters of cells consistent with tumor cells (▶ Video 1).

The patient had a distal pancreatectomy with successful resection of the tumor (▶ Fig. 2 a, b) and the diagnosis was confirmed by means of immunohistopathology analysis (▶ Fig. 3).

A solid pseudopapillary tumor of the pancreas is a rare pancreatic tumor that comprises 1–2% of pancreatic tumors and is often diagnosed in females in the second or third decade of life [1]. Clinical presentation often ranges from lack of symptoms to abdominal pain with an enlarging abdominal mass [2]. Most tumors are found in the pancreatic body and tail and contain varying morphological features including solid components, hemorrhage, calcifications, and cystic features [2]. Recent studies have reported diagnostic accuracy of solid pancreatic tumors with EUS-FNA ranging from 60% to 96%; although diagnosis could be missed in approximately 25% of cases [3,4]. Furthermore, there could be a dilemma in diagnosis if initial EUS-FNA findings are negative. With this in mind, needle-based confocal laser endomicroscopy (nCLE) provides a reliable adjunct to diagnosis. All of the studies on nCLE in solid pancreatic tumors to date have revealed high accuracy with identification of lesions [5]. However, none have included a solid pseudopapillary tumor. With this report, we aim to shed light on the potential utility of nCLE as a more definitive diagnostic adjunct for a solid pseudopapillary tumor and to encourage further research on this matter.

The authors declare that they have no conflict of interest.

Endoscopy_UCTN_Code_CCL_1AF_2AZ
The authors

Ahamed A. Khalyfa1, Umesh Kapur2, Kamran Ayub2
1 Franciscan Health Olympia Fields, Olympia Fields, Illinois, USA
2 Silver Cross Hospital, New Lenox, Illinois, USA

Corresponding author

Ahamed A. Khalyfa, MD
Franciscan Health Olympia Fields, 20201 South Crawford Ave., Olympia, IL 60461, USA
Akhalyfa1@gmail.com

References


Bibliography

Endoscopy
DOI 10.1055/a-1881-3609
ISSN 0013-726X
published online 2022
© 2022. The Author(s).
This is an open access article published by Thieme under the terms of the Creative Commons Attribution-NonDerivative-NonCommercial License, permitting copying and reproduction so long as the original work is given appropriate credit. Contents may not be used for commercial purposes, or adapted, remixed, transformed or built upon. (https://creativecommons.org/licenses/by-nc-nd/4.0/)
Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany

ENDOSCOPY E-VIDEOS
https://eref.thieme.de/e-videos

Endoscopy E-Videos is an open access online section, reporting on interesting cases and new techniques in gastroenterological endoscopy. All papers include a high quality video and all contributions are freely accessible online. Processing charges apply (currently EUR 375), discounts and waivers acc. to HINARI are available.

This section has its own submission website at https://mc.manuscriptcentral.com/e-videos