Pancreatic cystic lesions are challenging clinically because they represent a spectrum of different lesions, ranging from benign to malignant. At times, the final diagnosis is made only at surgery. We report a final diagnosis of a pancreatic cystic lymphangioma, made using endoscopic ultrasound fine needle aspiration (EUS-FNA) in a young girl, with cytological examination and measurement of the level of triglycerides in the intracystic fluid.

A 6-year-old girl showed evidence of a pancreatic head cystic lesion on transabdominal ultrasonography. Magnetic resonance imaging (MRI) showed a multilobular cystic lesion, with an inverted C shape, around the splenomesenteric confluence (Fig. 1). The MRI also showed a small, irregular area, which was suspected of being a solid component within the lesion. Endosonography with linear array showed a micro-macrocytic lesion, 4 cm in diameter, in the pancreatic head and uncinate process (Figs. 2, 3).

No solid mass was seen. EUS-FNA with a 22 G needle was carried out to evacuate the lesion. The intracystic fluid appeared milky and viscous (Fig. 4).

Intracystic fluid analysis showed amylase/lipase 200/1720 U/L, carcinoembryonic antigen (CEA) 0.2 ng/mL, and triglycerides 10570 mg/dL. Cytology showed normal lymphocytes. The final diagnosis was pancreatic cystic lymphangioma. Abdominal ultrasound confirmed the presence of an unchanged lesion at 1 year follow-up and the patient remains asymptomatic.

Cystic lymphangioma of the pancreas is an extremely rare, benign tumor of lymphatic origin [1, 2]. Possible locations are in the retroperitoneum, within or outside the pancreas [3]. Histologically, it appears as a polycystic lesion, with the cysts separated by thin septa, and lined with endothelial cells. It can be difficult to distinguish this lesion from other pancreatic cystic lesions. A final diagnosis is often achievable only by histopathological examination of the resected lesion [1–3]. In cases of pancreatic cystic lymphangioma, EUS-FNA with cytological examination and measurement of the level of triglycerides in the intracystic fluid can provide a safe and accurate diagnosis [4, 5].
Endoscopy_UCTN_Code_CCL_1AF_2AZ_3AD

Competing interests: None

L. Barresi1, I. Tarantino1, G. Curcio1, F. Mocciaro1, P. Catalano2, M. Spada2, M. Traina1
1 Gastroenterology and Endoscopy Unit, ISMETT, Palermo, Italy
2 Pediatric Surgery and Transplantation Department, ISMETT, Palermo, Italy

References
1 Colovic RB, Gruber NM, Micev MT et al. Cystic lymphangioma of the pancreas. World J Gastroenterol 2008; 14: 6873 – 6875
5 Dries AM, McDermott J. Diagnosis of cystic lymphangioma of the pancreas with endoscopic ultrasound-guided fine needle aspiration. Am J Gastroenterol 2008; 103: 1049 – 1050

Endoscopy 2011; 43: E61 – E62
© Georg Thieme Verlag KG Stuttgart · New York · ISSN 0013-726X

Corresponding author
Dr. L. Barresi
Gastroenterology and Endoscopy Unit
ISMETT
Via Tricomi 1
Palermo
Italy
Fax: +39-091-2192288
lbarresi@ismett.edu

Fig. 4 The intracystic fluid.