A case of mucinous cystadenocarcinoma of the pancreas with spontaneous rupture diagnosed by endoscopic retrograde pancreatography

Mucinous cystic neoplasm (MCN) of the pancreas is characterized by a multilocular cystic lesion lined by mucin-producing columnar epithelium and an ovarian-type stroma [1]. MCNs are often found incidentally and may occasionally cause symptoms. Rupture of a pancreatic MCN is a rare complication, and only a few cases have been reported to date [2–5]. Many of these cases occurred during pregnancy [2,3,5]. This report is the first to describe a case of ruptured MCN with an associated invasive carcinoma of the pancreas diagnosed by endoscopic retrograde pancreatography (ERP).

In a 69-year-old woman complaining of abdominal pain, contrast-enhanced computed tomography (CT) showed a low-density mass 60 mm in diameter that communicated with a dilated main pancreatic duct (Fig. 1). Contrast-enhanced endoscopic ultrasound (EUS) revealed a mixed-echo pattern in the mass and enhancement effects in hyperechoic areas (Fig. 2). The findings on CT, EUS, and magnetic resonance imaging (not shown) suggested that the tumor was a multilocular cystic lesion of the pancreas with solid components, but they were atypical, and a diagnosis could not be reached. ERP was then performed and showed leakage of contrast medium from the main pancreatic duct into the peritoneal cavity (Fig. 3). CT images obtained immediately after ERP showed pooling of contrast medium in the peritoneal cavity around the tumor (Fig. 4). A body-tail pancreatectomy with splenectomy was performed quasiemergently 5 days after ERP. The definitive pathological diagnosis was mucinous cystadenocarcinoma of the pancreas with foci of ovarian-like stroma (Fig. 5). After surgery, the patient underwent chemotherapy with 5-fluorouracil and has remained symptom-free, with no detectable tumor recurrence at present, 2 months after surgery.

To the best of our knowledge, this is the first report of MCN of the pancreas with spontaneous rupture diagnosed by ERP.

Competing interests: None

Fig. 1 Computed tomography shows the presence of a low-density mass in the pancreatic body that communicates with a dilated main pancreatic duct.

Fig. 2 Contrast-enhanced endoscopic ultrasound shows a mixed-echo pattern in the mass and enhancement effects in hyperechoic areas.

Fig. 3 Endoscopic retrograde pancreatography shows rupture of the tumor. Leaked contrast medium from the main pancreatic duct is pooling around the intestinal tract. Scale bar: 1 cm.
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DOI http://dx.doi.org/10.1055/s-0032-1325888
Endoscopy 2013; 45: E36 – E37
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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