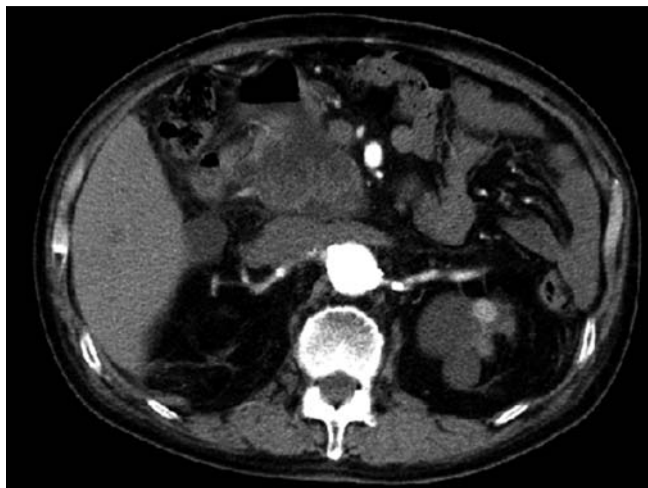
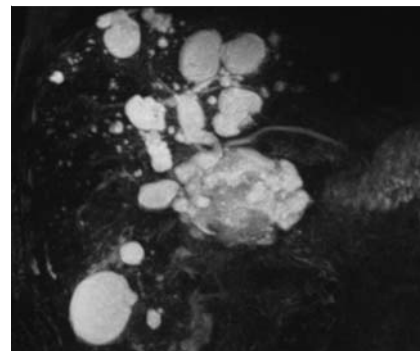


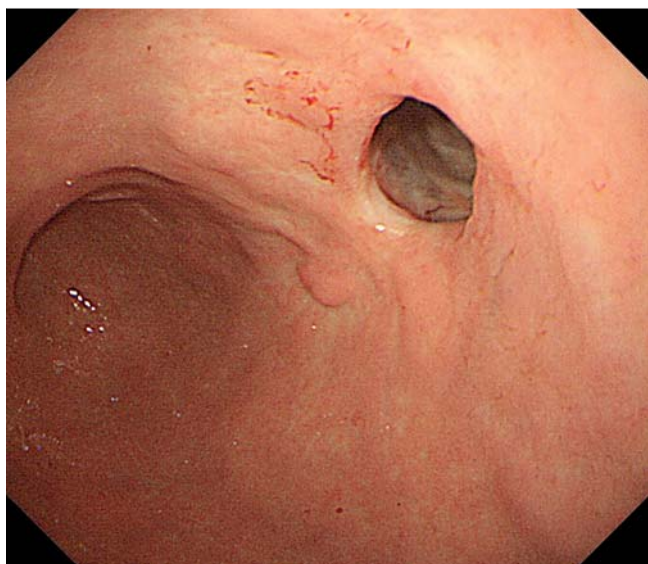
## Identification of intraductal papillary mucinous neoplasm by esophagogastroduodenoscopy



**Fig. 1** Contrast-enhanced computed tomography (CT) in a 71-year-old man with mild fever and a history of acute pancreatitis. There is a large cystic tumor in the head of the pancreas. A pancreatogastric fistula is present within the posterior wall of the stomach.



**Fig. 2** Magnetic resonance cholangiopancreatography showing cystic tumor in the head of the pancreas without dilatation of the main pancreatic duct.



**Fig. 3** Endoscopic view of the pancreatogastric fistula.

Some reports have described identification of intraductal papillary mucinous neoplasm (IPMN) penetrating to the stomach by esophagogastroduodenoscopy (EGD) [1–4]. However, it seems that detecting an IPMN from within a post-operative pancreatogastric fistula is very rare.

A 71-year-old man presented with slight fever. He had a history of acute pancreatitis and underwent cystogastrostomy for pancreatic pseudocyst at another institution 8 years earlier. IPMN had not been detected

at that time. A detailed examination was carried out, including computed tomography (CT), which revealed a large cystic tumor of the pancreatic head accompanied by a pancreatogastric fistula (▶ Fig. 1). Dilatation of the main pancreatic duct was not evident on magnetic resonance cholangiopancreatography (▶ Fig. 2). EGD also showed a fistula on the posterior side of the antrum (▶ Fig. 3). On passing the scope through the fistula a protruding papillary tumor covered with mucus was noted (▶ Fig. 4). Biopsy samples were ob-

tained and histological examination revealed high-grade tubular adenoma. Pancreatoduodenectomy was subsequently carried out and the patient was diagnosed as having branch-type IPMN containing foci of well-differentiated tubular adenocarcinoma (▶ Fig. 5). There was no evidence of local invasion or metastasis.

Endoscopy\_UCTN\_Code\_CCL\_1AZ\_2AB

**Competing interests:** None

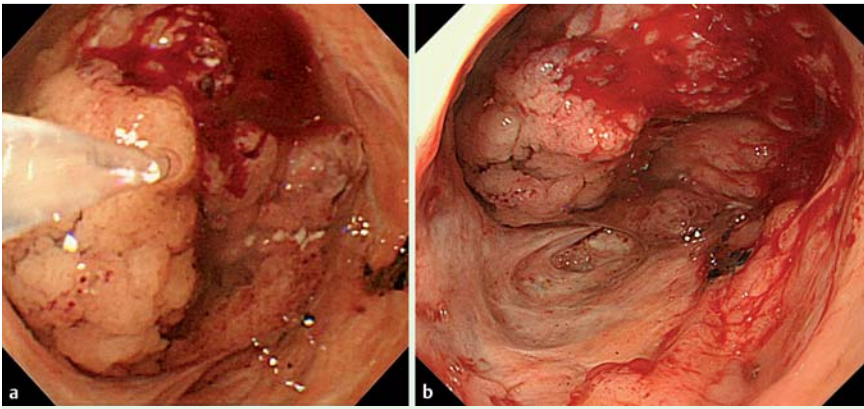
**K. Abe<sup>1</sup>, A. Isono<sup>1</sup>, T. Ebato<sup>1</sup>, T. Yamamoto<sup>1</sup>, T. Ishii<sup>1</sup>, H. Kita<sup>1</sup>, Y. Kuyama<sup>1</sup>, F. Kondo<sup>2</sup>**

<sup>1</sup> Department of Internal Medicine, Teikyo University School of Medicine, Tokyo, Japan

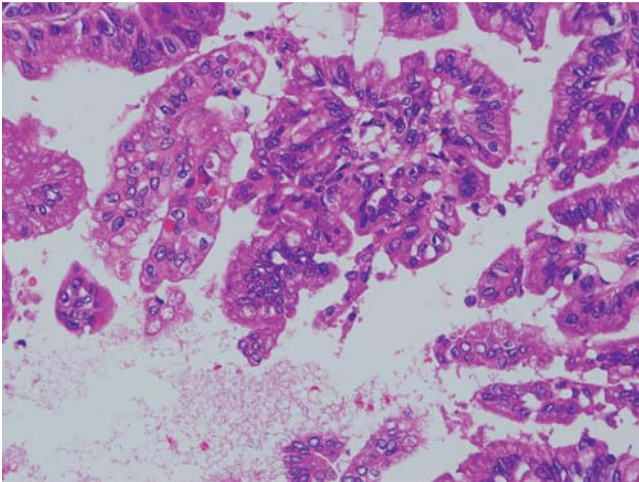
<sup>2</sup> Department of Pathology, Teikyo University School of Medicine, Tokyo, Japan

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**Fig. 4** Endoscopic views. **a** After passage through the fistula. **b** Tumor after irrigation.



**Fig. 5** Histological section of the resected specimen showing a well-differentiated tubular adenocarcinoma.

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#### Bibliography

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#### Corresponding author

**K. Abe**  
 Teikyo University School of Medicine  
 2-11-1 Kaga  
 Itabashi-ku 173-8606  
 Tokyo  
 Japan  
 Fax: +81-3-53751308  
 abe@med.teikyo-u.ac.jp