Identification of intraductal papillary mucinous neoplasm by esophagogastro-duodenoscopy

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 in the head of the pancreas. A pancreatogastric fistula is present within the posterior wall of the stomach (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 obtained 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.

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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.