Pancreatic metastasis of a meningeal hemangiopericytoma: a rare cause of obstructive jaundice

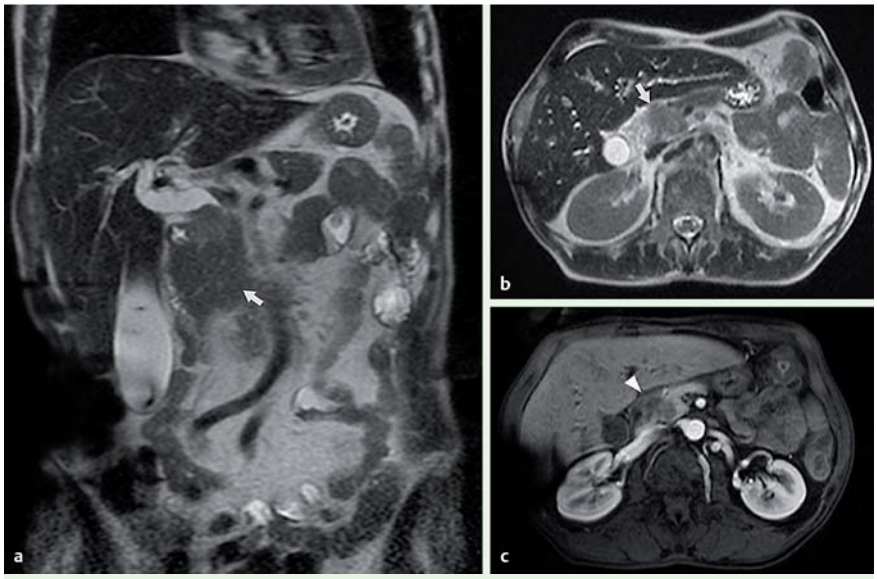

Fig. 1 Magnetic resonance imaging (MRI) in a 52-year-old man with obstructive jaundice and a known meningeal hemangiopericytoma showing biliary duct dilatation, an enlarged gallbladder and a heterogeneous mass in the pancreatic head, which appeared: **a, b** hypointense on T2-weighted fast-spin echo images (arrows) in coronal and axial views; **c** hypovascular during the arterial phase of a contrast-enhanced T1-weighted gradient echo image (arrowhead).

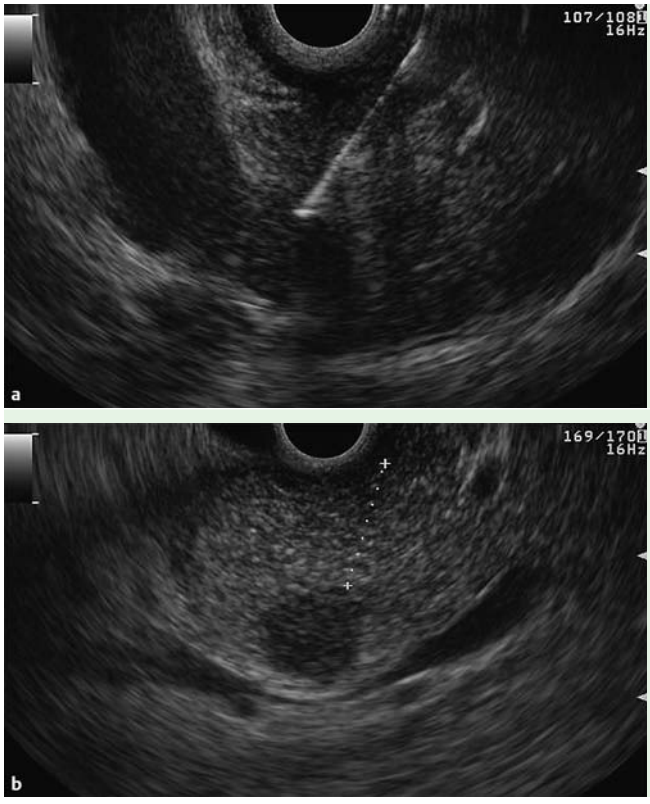

Fig. 2 Endoscopic ultrasound (EUS) images showing: **a** a 21-mm hypoechoic heterogeneous pancreatic head mass which is being sampled by fine needle aspiration (FNA) using a 25G needle; **b** a smaller 14-mm hypoechoic mass in the uncinate process close to the superior mesenteric vein.

A 52-year-old man presented to the emergency department with jaundice, pale stools, and dark urine for 1 week, having lost 15 % of his body weight during the previous month. He was a heavy smoker and drinker. He had been diagnosed 4 months previously with a meningeal hemangiopericytoma that had been surgically resected then treated with cranial external radiotherapy. Laboratory evaluation was remarkable for hyperbilirubinemia (9 mg/dL) and cholestasis (alkaline phosphatase [ALP] 1300 IU/L). Magnetic resonance imaging (MRI) revealed a 25-mm pancreatic head mass and upstream dilatation of the bile ducts but a normal main pancreatic duct (**Fig. 1**). A second 15-mm mass in the uncinate process was also noted.

The patient underwent an endoscopic ultrasound (EUS) using a linear echoendoscope (UCT 10 – 140 AL5; Olympus), which revealed a slightly heterogeneous, hypoechoic, ill-defined mass in the pancreatic head from which a fine needle aspiration (FNA) was taken with a 25G needle (Wilson Cook; **Fig. 2a**). The second smaller lesion was also visualized in the uncinate process close to the superior mesenteric vein (**Fig. 2b**).

During the same session, endoscopic retrograde cholangiopancreatography (ERCP) was performed as a tandem procedure and a 7-cm long, 7-Fr plastic biliary prosthesis was placed to allow adequate biliary drainage. Evaluation of the cell block cytology was consistent with hemangiopericytoma (**Fig. 3**). The patient died 2 weeks later from uncontrolled seizures.

Endoscopy_UCTN_Code_CCL_1AF_2AZ_3AB

Competing interests: None

Lídia Roque Ramos[1], Pedro Pinto Marques[1], Rui Loureiro[1], Maria José Brito[2], João de Freitas[1]

[1] Gastroenterology Department, Hospital Garcia de Orta, Almada, Portugal
[2] Pathology Department, Hospital Garcia de Orta, Almada, Portugal

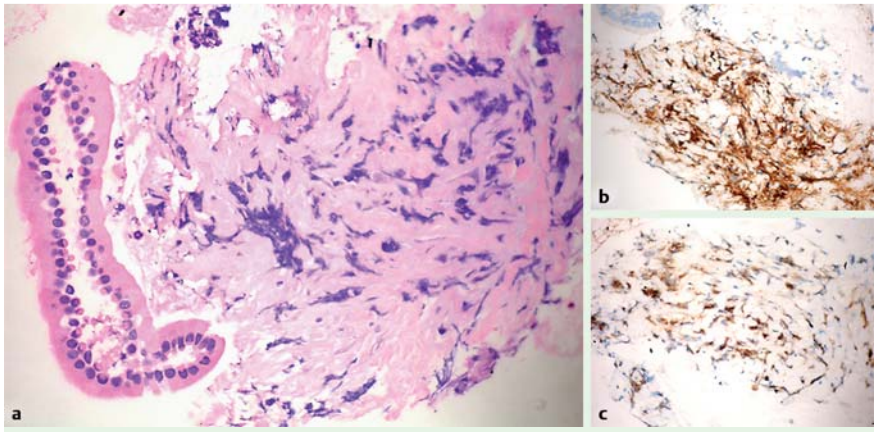

Fig. 3 Cytology examination of the pancreatic mass showing: **a** numerous crowded atypical cells with pleomorphic nuclei (hematoxylin and eosin [H&E] stain; magnification × 300); **b** positive staining for CD34; **c** positive staining for bcl-2.

Bibliography
DOI http://dx.doi.org/10.1055/s-0033-1359158
Endoscopy 2014; 46: E135–E136

ISSN 0013-726X

Corresponding author
Lídia Roque Ramos, MD
Gastroenterology Department
Hospital Garcia de Orta
Avenida Torrado da Silva
2801-951 Almada
Portugal
Fax: +351-212-957004
lidia.roque.ramos@gmail.com