

Mantle cell lymphoma masked by posttraumatic pancreatic hematoma

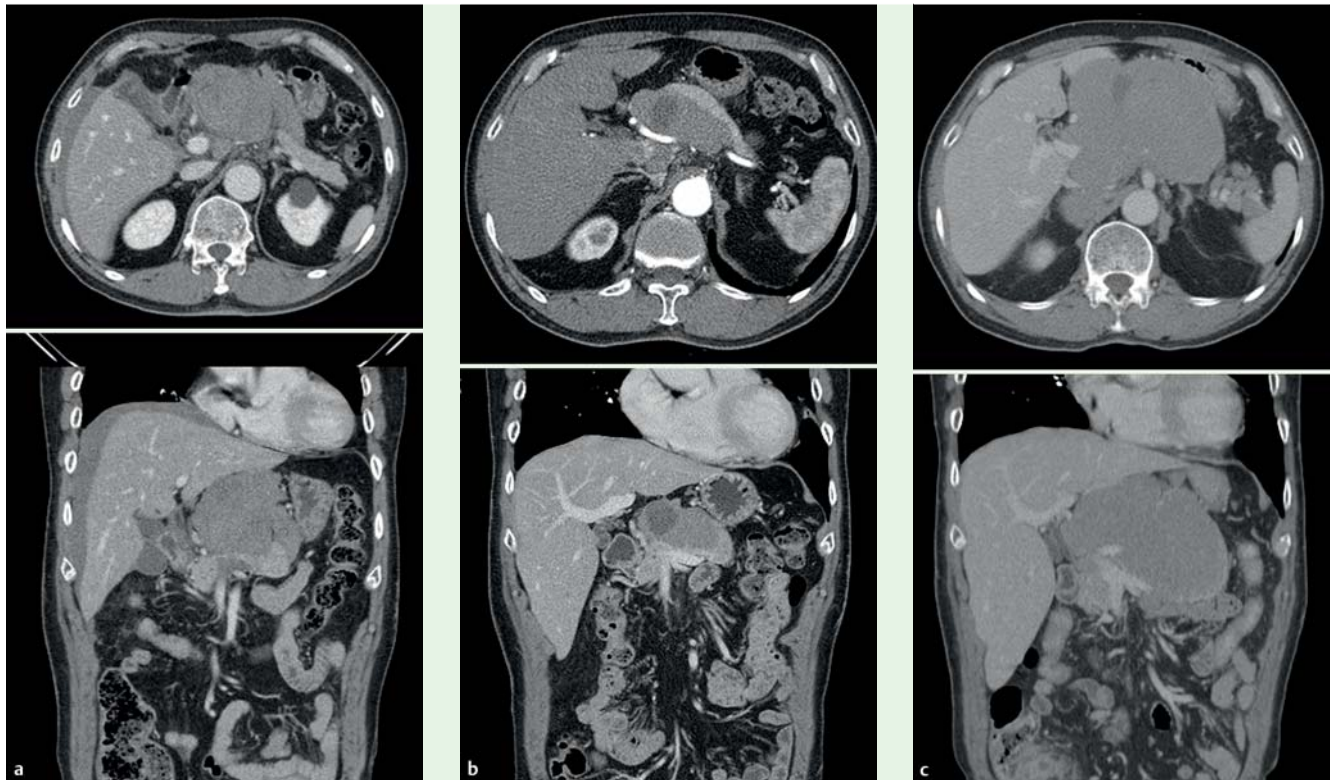


Fig. 1 Evolving peripancreatic lesion. **a** Abdominal computed tomography immediately after a car accident shows an enhancing peripancreatic mass. **b** After 6 months, the lesion has shrunk. **c** A huge peripancreatic mass is incidentally identified following appendectomy 18 months after the injury.

Pelvic computed tomography revealed a 15-cm peripancreatic mass in a 73-year-old man undergoing an operation for appendicitis associated with a periappendiceal abscess. The patient had been hospitalized 18 months previously for blunt abdominal trauma sustained during a motor vehicle collision. At that time, hemoperitoneum and a peripancreatic hematoma were diagnosed (● Fig. 1 a). The hematoma decreased in size within 1 week, and there was no evidence of major pancreatic duct injury; thus, he was managed conservatively. The lesion continued to shrink for 6 months after the injury (● Fig. 1 b), but the volume had increased at the time of the appendectomy, as shown by computed tomography (● Fig. 1 c). Endoscopic ultrasound-guided biopsy with a 19-gauge needle (ProCore; Cook Medical, Bloomington, Indiana, USA) was used to identify the lesion. Pathologic examination and immunohistochemical staining of the specimen yielded a diagnosis of mantle cell lymphoma (● Fig. 2 a–c).

Pancreatic injury, which occurs in approximately 5% of patients who sustain blunt abdominal trauma, is associated with a morbidity rate of up to 45% and a mortality rate of up to 30% [1]. Low grade blunt injuries without main pancreatic ductal damage are initially managed non-operatively rather than through operative exploration and repair [2]. The differentiation between an organizing hematoma and a mass like a lymphoma is not always straightforward [3,4]. Notably, the mass in this case became smaller during the first 6 months. The mantle cell lymphoma, which presented as a slowly growing mass, was stationary in the early stage, and absorption of the hematoma occurred more quickly than growth of the lymphoma [5].

This case highlights the fact that clinicians should continue observation until a hematoma that has arisen at an unusual site completely disappears. If the behavior of a lesion does not correspond to the patient's clinical presentation or exhibits

an unusual course, the patient must be evaluated to establish the correct diagnosis.

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Competing interests: None

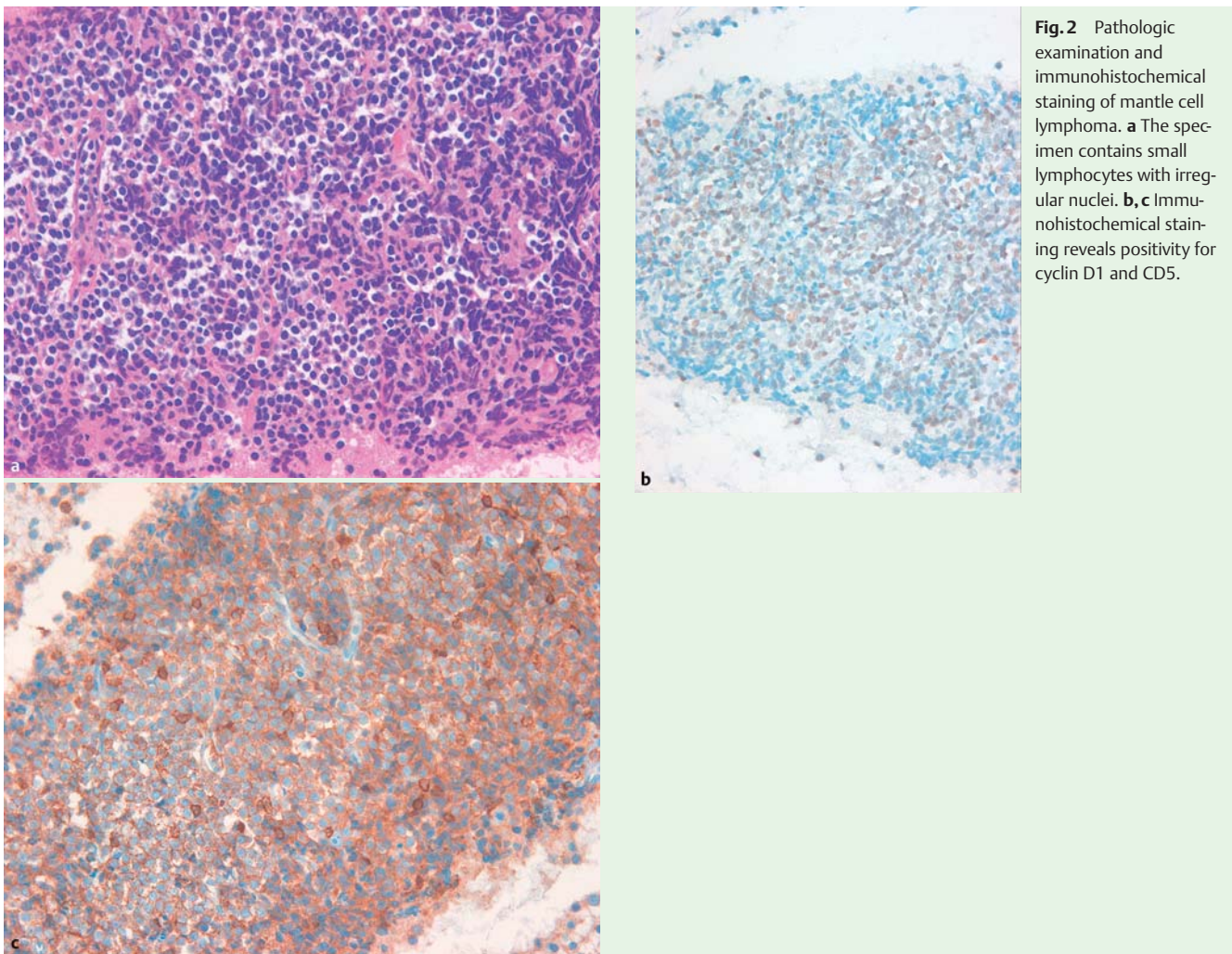
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