A 53-year-old woman presented with a history of abdominal pain, nausea, vomiting, and a 40-kg weight loss, without change in bowel pattern. Physical examination revealed epigastric tenderness, good bowel sounds, and an abdominal fluid wave. Rectal examination was normal without occult blood. Abdominal computed tomography (CT) scan revealed a hypodense area of enlargement in the head of the pancreas, ascites, and multiple metastatic lesions in the liver, and normal bowels.

Endoscopic ultrasound (EUS) was performed to evaluate the pancreas. In the head of the gland there was a lobular and irregular hypoechogenic structure measuring 25 × 28 mm (Figure 1). The lesion also had what appeared to be pseudopods extending into the pancreatic head. EUS-guided fine-needle aspiration was performed. Cytologic evaluation demonstrated adenocarcinoma. The tissue stained positive for CK20 and negative for CK7 and showed uniform immunoreactivity with CDX2. This is only the third report of EUS detection of colorectal cancer metastasis to the pancreas [4,5].

Reports of colon cancer metastasizing to the pancreas are very uncommon [1]. Immunohistochemically, the CK7−/CK20+ phenotype seen here predicts colorectal origin with considerable accuracy and independently of other clinical information [2]. CDX2 stains homogeneously in tissue arising from the colon (as was seen here) or duodenum and heterogeneously in pancreatic adenocarcinoma [3].

Endoscopy_UCTN_Code_CCL_1AF_2AZ_3AB

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Published online: 2006
DOI: 10.1055/s-2006-925384