Endoscopic Ultrasonography of a Pancreatic Lymphoma

Several studies have confirmed the high degree of accuracy of endoscopic ultrasonography (EUS) in the diagnosis and staging of pancreatic carcinoma (1,2). We report here on one case of pancreatic lymphoma evaluated by EUS.

A 78-year-old man was admitted to our hospital in December 1995 complaining of melena. The esophagogastroduodenoscopy revealed a 2 cm wide ulcer in the first part of the duodenum with indurated and irregular margins and extrinsic compression. Histopathological examination and secondary biopsy specimen revealed a non-Hodgkin's lymphoma infiltrating the duodenal mucosa, with a small cleaved-cell lymphoma. A B-cell phenotype was identified. Abdominal ultrasonography and computed tomography (CT) demonstrated a large, heterogeneous mass in the pancreas measuring 12 cm in diameter, with no dilatation of the common bile duct. EUS (Olympus EUM-20) revealed a normal common bile duct and papilla of Vater, and showed a large and diffuse hypoechogenic tumor mass in the pancreas without cysts or calcifications. The EUS findings revealed accentuation of the hypoechogenicity in the layered structure of the duodenal wall (Figure 1), suggesting that the lymphoma extended from the outside with interruption and penetration of the wall by the adjacent mass. We noted large celiac, splenic, mesenteric, gastrohepatic and para-aortic lymph nodes. EUS also showed a hyperechogenic thickness in the common pancreatic duct wall, which was dilated (4 mm), contrasting with the adjacent hypoechogenic pancreas (Figure 2). Percutaneous CT-guided needle biopsy of the pancreas confirmed infiltration and confirmed to the pancreas and with the same immunophenotypic analysis.

It is not possible to distinguish pancreatic lymphoma from pancreatic adenocarcinoma using clinical and radiological criteria (ultrasound and CT). It may be also very difficult to distinguish between an intrinsic pancreatic abnormality and secondary pancreatic invasion from contiguous lymph nodes (3,4). EUS has made the distinction possible. This first EUS image of a pancreatic lymphoma seemed clear to us due to its specific appearance, which is completely different from that of all other tumors. Other EUS observations of pancreatic lymphomas would be useful to support our EUS criteria, helping to identify the lesions better. The role and value of EUS-guided fine-needle aspiration biopsy (S) would need to be defined when pancreatic lymphoma is suspected from the EUS findings. Our EUS criteria for pancreatic lymphoma are: a strongly hypoechogenic appearance in the pancreas, hypoechogenicity in all its segments, hypoechogenic wall in the common pancreatic duct contrasting with the adjacent parenchyma, and multiple isoechogenic peripancreatic lymph nodes.

M. Flamandbaun1, B. Pujol2,
1 Dept. of Gastroenterology, General Hospital, Vichy, France
2 Fédération des Spécialités Digestes, Hôpital E. Herriot, Lyon, France

References

Corresponding Author
P. Cassan, M.D.
Dept. of Gastroenterology
Centre Hospitalier de Vichy
03200 Vichy
France
Fax: +33-4-70973312