Endoscopic signs of mucinous tumor of the pancreas

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A 55 years-old woman diagnosed with hypothyroidism, high blood pressure and ligature of uterine tubes was admitted to the hospital with icterus for one week ago with epigastric discomfort and asthenia. Her physical examination only shows sclero ictero. Complementary studies showed a hipertransaminasemia (AST: 99 U/L, ALT: 344 U/L) and cholestasis (FA: 302 U/L, GGT: 357 U/L, BT: 2,42 mg/dl): the rest of parameters were normal. In view of these findings an abdominal ecograph and computed tomography was done where showed a important dilation of main pancreatic duct and main biliar duct with cystic masses located in the head of the pancreas (Fig. 1). Magnetic resonance cholangiopancreatography revealed a cystic lesion located in the hepatoduodenopancreatic crossroads with communication in the main pancreatic duct and biliar-pancreatic ductal dilatations. Mucous secretion as pathognomonic sing and the mild dilatation of main pancreatic duct are identified with endoscopic retrograde cholangiopancreatography (ERCP) (Fig. 2). The patient showed spontaneous resolved of icterus secondary a biliodigestive fistula and had undergone surgical total pancreatectomy.

Intraductal papillary mucinous tumor (IPMT) of the pancreas is a unusual pancreatic cystic premalignant or malignant neoplasm developing from the epithelial lining of the pancreatic ducts. It involves the main pancreatic duct (MPD) and/or the branch pancreatic ducts (BPD), with secretion of thick mucin, leading to ductal dilatation and obstruction with cyst formation (1). This type of tumor represents about 1-2% of pancreatic exocrine tumor and 12% of cystic pancreatic tumors (2). Endoscopic retrograde cholangiopancreatography is considered the “gold standard” of diagnosis of intraductal papillary mucinous tumors. Finding patulous ampulla extruding mucinous and dilatation of main pancreatic duct and biliar ducts are showed on ERCP (2,3).

The differencial diagnosis must be with other cystic pancreatic masses including mucinous cystadenoma and cystadenocarcinoma, serous cystadenoma and pancreatic pseudocyst (1). Although selecting optimal the treatment is a another important problem, the rates of malignancy of these lesions, is needed early surgical resection (4).
REFERENCES


