Cystic Nonfunctioning Pancreatic Endocrine Neoplasm Presenting Communication with Main Pancreatic Duct

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A 57-year-old woman was suspected of having a pancreatic tumor by ultrasonography at medical checkup. She was asymptomatic and laboratory data, including tumor markers, were normal. Abdominal computed tomography demonstrated a cystic tumor (about 3 cm in diameter) in the pancreatic tail. The solid lesion of the tumor was enhanced with contrast material (fig. 1). Endoscopic retrograde pancreatography revealed commu-

nication between the main pancreatic duct and cystic tumor (fig. 2). Under the diagnosis of mucinous cystic neoplasm, distal pancreatectomy was performed. Immunohistochemical examination showed positivity for the neuroendocrine markers (chromogranin A, neuron-specific enolase, and synaptophysin). The patient remained well 9 months after the operation.

Fig. 1. Abdominal computed tomography demonstrating cystic tumor (about 3 cm in diameter) in pancreatic tail (arrow). The solid lesion of the tumor was enhanced with contrast material.

Fig. 2. Endoscopic retrograde pancreatography showing communication between main pancreatic duct and cystic tumor (arrows).

Cystic lesions of the pancreas are sometimes difficult to diagnose preoperatively [1]. In pancreatic endocrine neoplasm (PEN), solid and cystic change occurs rarely due to the abundant vascular supply. Very few cases of cystic nonfunctioning PEN have been reported in the international literature [2–4]. Moreover, cystic PEN is

thought to have no communication with the main pancreatic duct, so this case is extremely rare. Hemorrhage or necrosis is considered to be the initial event leading to cyst development in PEN, and degenerative change might cause a communication/fistula with the main pancreatic duct.

References

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