Huge Mucinous Cystic Adenocarcinoma of the Pancreas

Koichi Hayano Takehide Asano Hodaka Amano Fumihiko Miura
Naoyuki Toyota Keita Wada Kenichiro Kato Makoto Shibuya
Susumu Kadowaki Sawako Maeno Tadahiro Takada

Department of Surgery, Teikyo University School of Medicine, Tokyo, Japan

A 41-year-old woman was referred to our hospital for evaluation of an abdominal tumor. Contrast-enhanced CT and MRI showed a cystic tumor, 21 cm in diameter, with internal septa localized in the tail of the pancreas (fig. 1). FDG-PET revealed significantly increased uptake in the solid component (fig. 2). Thus, this tumor was sus-

pected to be a mucinous cystic adenocarcinoma. We performed en bloc distal pancreatectomy and splenectomy. The macroscopic appearance was consistent with mucinous cystic neoplasm (fig. 3). Microscopy showed epithelium composed of mucin-secreting cells and a dense cellular ovarian-type stroma (fig. 4). Adenocarcinoma was

Fig. 1. **a** CT showed a cystic tumor, 21 cm in diameter, with internal septa and a solid component (*) localized in the tail of the pancreas. **b** Magnetic resonance cholangiopancreatography showed a huge cystic mass in the tail of the pancreas.

Fig. 2. FDG-PET revealed significantly increased uptake in the solid component of the cystic tumor.

Fig. 3. Macroscopic appearance showed a large septated thick-walled cyst, filled with mucinoid material, consistent with mucinous cystic neoplasm.

Fig. 4. Microscopic examination showed epithelium composed of mucin-secreting cells and a dense cellular ovarian-type stroma. HE, $\times 100$.

found in the solid component, but no lymph node metastasis, venous or lymphatic invasion was found. Thus, this tumor was diagnosed as noninvasive mucinous cystic adenocarcinoma.

Mucinous cystic adenocarcinoma of the pancreas is a rare neoplastic disease that occurs almost exclusively in the pancreatic body and tail of young or middle-aged women. The tumor can be classified as a mucinous cystic neoplasm, a group which accounts for less than 1% of all malignant tumors of the pancreas [1]. All MCNs should be resected. Whenever any doubt exists about malignancy, a typical resection with lymph node dissection must be pursued [2].

References

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