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Case Report

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A RARE CASE OF MUCINOUS CYSTADENOCARCINOMA OF PANCREAS

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ABSTRACT

Cystic tumours of Pancreas, though heterogenous group pathologically, account for approximately 10-15% of all cystic lesions of Pancreas. Because of the availability of modern imaging methods the tumours are diagnosed more frequently. Pancreatic cystic tumours Unilocular or Multilocular are to be differentiated from the pseudocyst. They also need to be differentiated from benign Serous cystadenoams as they have very little potential to become malignant. But Mucinous cystadenoams are to be differentiated from mutinous cystuadenocarcinoma. This is important from the point of Outcome of these cancers is better than a solid adenocarcinoma of Pancreas. Here we present a case of 29 years female patient referred to us with a CT scan diagnosis of Pseudocyst of body & tail of Pancreas. She came with symptoms of Pain in Upper abdomen, Lump in abdomen.

KEYWORDS: cystic neoplasm of pancreas, mucinous cystuadenocarcinoma, CT Scan, Surgery.

CASE HISTORY

A 29 years female was referred to us with a CT scan diagnosis of Pseudocyst of Body & tail of Pancreas. On History she had Pain in abdomen & Lump in abdomen which she noticed in recent past. when asked she had no history suggestive of Acute Pancreatitis recently. On Investigations she was non diabetic, Liver function - normal except Serum Bilirubin was 2.1mg% but Liver enzymes normal, normal Alkaline Phosphatase level. Serum amylase was within normal Limits.

CT scan

Well defined Cystic mass of size 16 cms. x 12 cms. arising from pancreatic body & tail, with two septa and no solid component in it. No evidence of any metastatic lesions noted in liver, no lymph nodes. MRCP done suggestive of compression of main pancreatic duct a bit & slight tilt. There was no communication between Cyst and main pancreatic duct. we did not do FNAC from the cyst, Endoscopic USG, or CEA levels in this patient.

With the diagnosis of Cystic Neoplasm of Pancreas we planned to explore this patient after an informed consent. On exploration the huge cystic mass of size 18cms. x 14 kms. in the body & Tail of Pancreas, free from posterior wall of Stomach, Cyst wall was very thick. Distal Pancreatectomy with preservation of spleen done. The sectioned Surface had small solid element and mucinous fluid in the cyst. Postoperative period was uneventful, patient discharged on 8th.Postoperative day. The Histopathology revealed that it was a mucinous cyst adenocarcinoma of Pancreas.

Blood Glucose was normal on discharge.

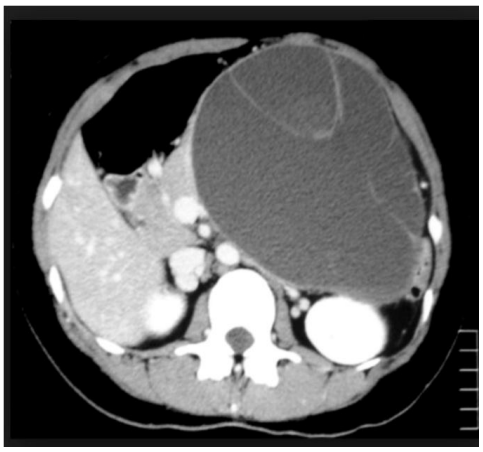
DISCUSSION

Incidence of Cystadenoma in Pancreas is about 76% of all primary pancreatic cystic tumours. Presentation is usually asymptomatic in around 32-40% cases it is serous cytadenoams, while 26% cases are mucinous cyst adenomas. 13% of these mucinous tumours are malignant. In our patient preoperative diagnosis of Pseudocyst was made on CT scan but because of septa in the cyst we thought of cystic neoplasm, it was large & symptomatic we planned to do surgical intervention. Pseudocyst is a common misdiagnosis (9-15 %) cases. Communication with the Pancreatic duct is less commonly seen < 0.6% cases. The dictum for treatment is if it is asymptomatic serous cystic neoplasm then it can be observed, but if it is mucinous cystic neoplasm than it has to be resected as it has a chance of having a malignancy in it. Resection also is preferred in terms of outcome as because the 5-10 years survival rates are better for Cystic neoplasms then poor survival rates for solid Adenocarcinoma of Pancreas.

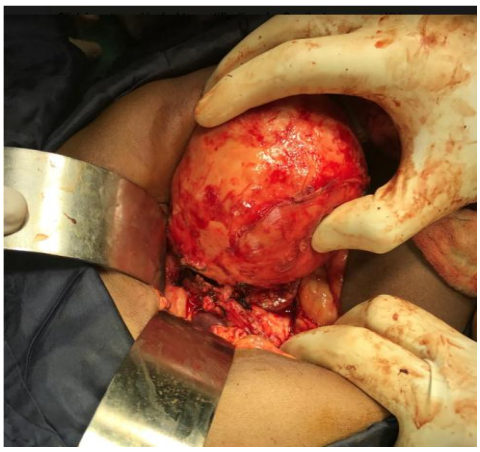
CONCLUSIONS

Mucinous Cystadenocarcinoma is a rare tumour of pancreas. Usual sufferers are females. Computed Tomography is the investigation of choice but misdiagnosis of Pseudocyst is common, also tells you about extent of disease in pancreas and also about the metastasis in presence of malignancy. Endoscopic Ultrasound is the newer investigation in the armoury. Complimentry investigations include Tumour markers -

CEA, FNAC from the cyst, But the treatment of Choice is the Surgical Excision of the Tumour if there is no metastasis, because the outcome far better than solid adenocarcinoma of Pancreas. In presence of metastatic disease- Chemotherapy and or radiotherapy is advised.



CT Scan Abdomen -Cyst -with Septa



Intra operative Photo of Cystic Tumour

Conflict of Interest

Nil.

Proper informed consent obtained from patient.

Funding source

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Permission from the Review committee -Obtained

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