

[PICTURES IN CLINICAL MEDICINE]

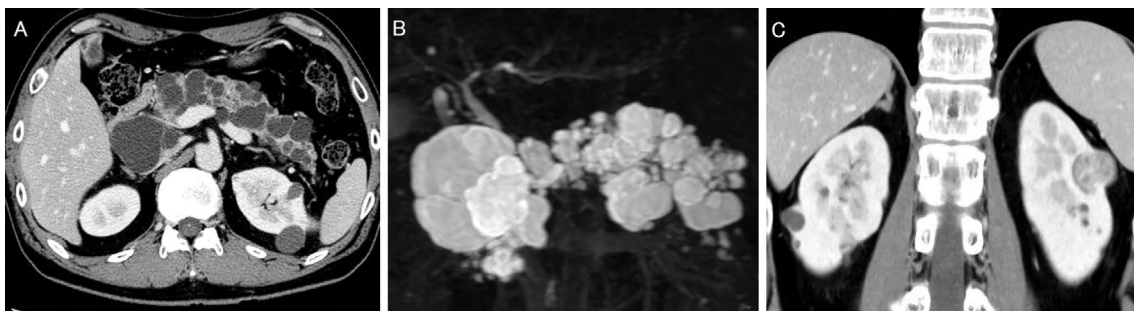
Numerous Pancreatic Cysts Associated with von Hippel-Lindau Disease

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Key words: von Hippel-Lindau disease, serous cystic neoplasm, pancreatic cyst

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Picture 1.



Picture 2.

A 32-year-old man visited an outpatient clinic with complaints of abdominal discomfort. His mother has a history of renal cell carcinoma. Abdominal enhanced computed tomography (CT) and magnetic resonance cholangiopancreatography revealed numerous cysts throughout the pancreas. A 21-mm left kidney tumor was also detected by enhanced

CT, raising suspicion of von Hippel-Lindau disease (VHL) (Picture 1). Brain CT showed a 48-mm tumor in the right cerebellum, and angiography demonstrated a hypervascular lesion. Craniotomy was performed, and the patient was diagnosed with hemangioblastoma (Picture 2). In addition, partial nephrectomy was performed for the left kidney tu-

mor, which was pathologically diagnosed as clear cell carcinoma.

VHL is an autosomal dominant hereditary disease that occurs in about 1 family per 1 million people (1). It can present with cerebrospinal hemangioblastomas (60-80%), retinal hemangiomas (40-70%), renal cell carcinomas (25-50%), adrenal pheochromocytomas (10-20%), pancreatic cysts (both serous cystic neoplasms and simple cysts; 17-61%), and pancreatic neuroendocrine tumors (8-17%) (1, 2). When multiple cystic lesions develop throughout the pancreas, VHL should be considered.

The authors state that they have no Conflict of Interest (COI).

References

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2. Neumann HP, Dinkel E, Brambs H, et al. Pancreatic lesions in the von Hippel-Lindau syndrome. *Gastroenterology* **101**: 465-471, 1991.

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