Pancreatic ductal adenocarcinoma masquerading as a serous cystic tumor (with videos)

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A male patient visited our hospital for evaluation of a pancreatic cystic tumor. Although he had a history of regular alcohol consumption, he had been previously well. Laboratory examination revealed normal serum levels of amylase, lipase, carbohydrate antigen 19-9, and carcinoembryonic antigen. On computed tomography, a mass lesion, 30 mm in diameter, was detected in the pancreatic body [Figure 1]. Magnetic resonance cholangiopancreatography showed a cystic tumor and that the main pancreatic duct was not dilated [Figure 2]. Moreover, EUS showed a multilocular cystic lesion suspected as having central scar [Figure 3]. On contrast-enhanced EUS using Sonazoid®, strong enhancement was observed in the scar [Video 1]. First, we suspected this lesion of serous cystic tumor of the pancreas. EUS-FNA biopsy of the central scar was performed using a 22-gauge needle and revealed that the lesion was adenocarcinoma [Video 2]. Hence, we performed surgical treatment. Histopathologically, the cystic lesion was diagnosed as a retention cyst, and

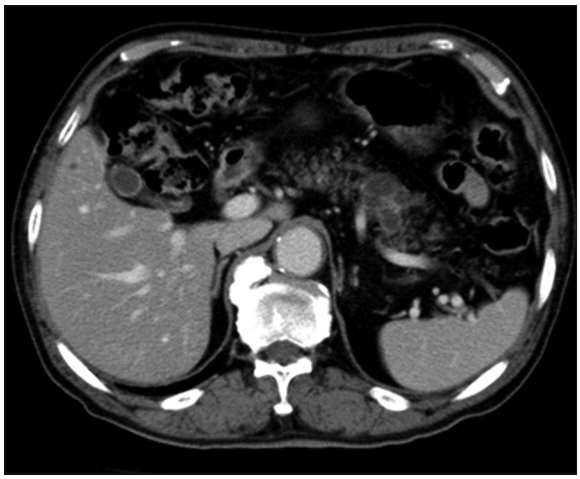

Figure 1. Abdominal computed tomography revealed a tumor, 30 mm in diameter, in the pancreatic body

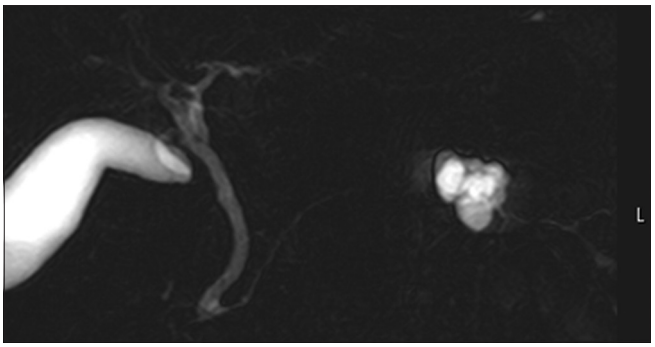

Figure 2. Magnetic resonance cholangiopancreatography showed a cystic tumor, with no dilation of the pancreatic duct

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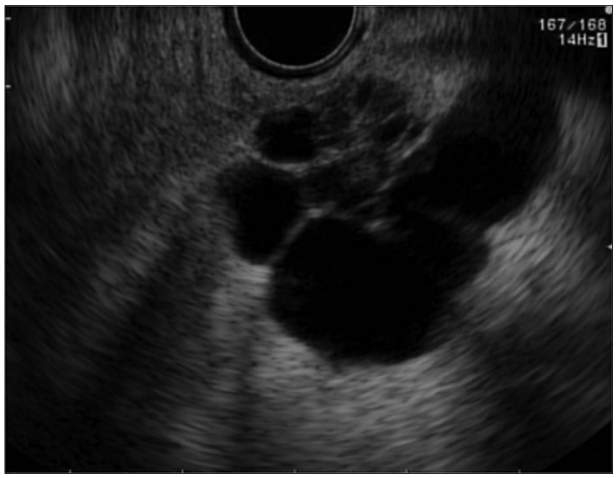

Figure 3. Endoscopic ultrasonography showed a multiloculated cystic lesion, which seemed to have a central scar

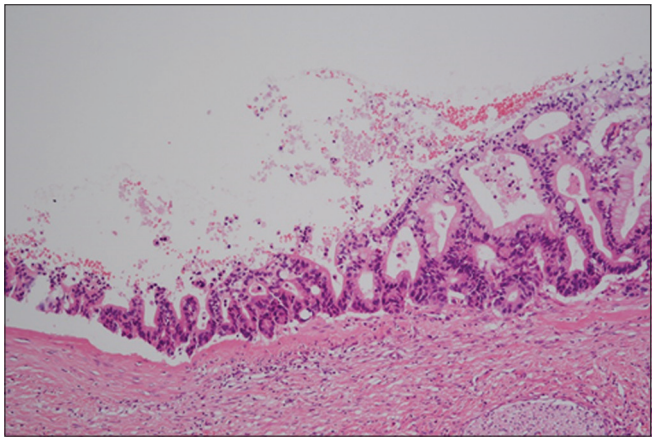

Figure 5. As preoperatively suspected, the central scar was demonstrated to be an adenocarcinoma

adenocarcinoma was located in the scar [Figures 4 and 5]. Finally, he was diagnosed with pancreatic ductal adenocarcinoma.

Despite advances in imaging techniques, the differential diagnosis of a pancreatic cystic tumor is sometimes challenging. Several methods such as fluid analysis under EUS-FNA have been reported.[1,2] Although EUS-FNA for a cystic tumor of the pancreas can lead to dissemination of the tumors,[3] the procedure is recommended to avoid misdiagnosis, provided it can be safely performed while avoiding the cystic components such as our case.

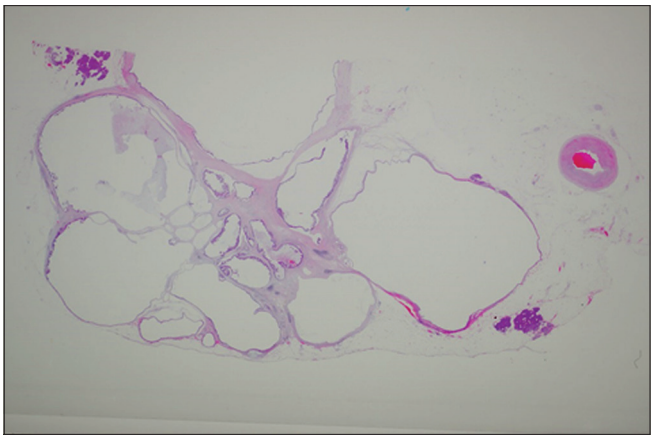

Figure 4. Histopathologically, this cystic lesion was diagnosed as a retention cyst

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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