

[ PICTURES IN CLINICAL MEDICINE ]

## A Rare Form of Intraductal Papillary Mucinous Carcinoma

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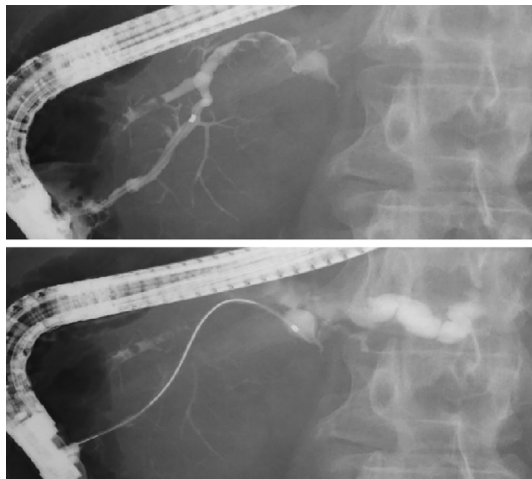
**Key words:** intraductal papillary mucinous neoplasm, intraductal papillary mucinous carcinoma, pancreatic cyst, endoscopic transpapillary drainage, cystic infection

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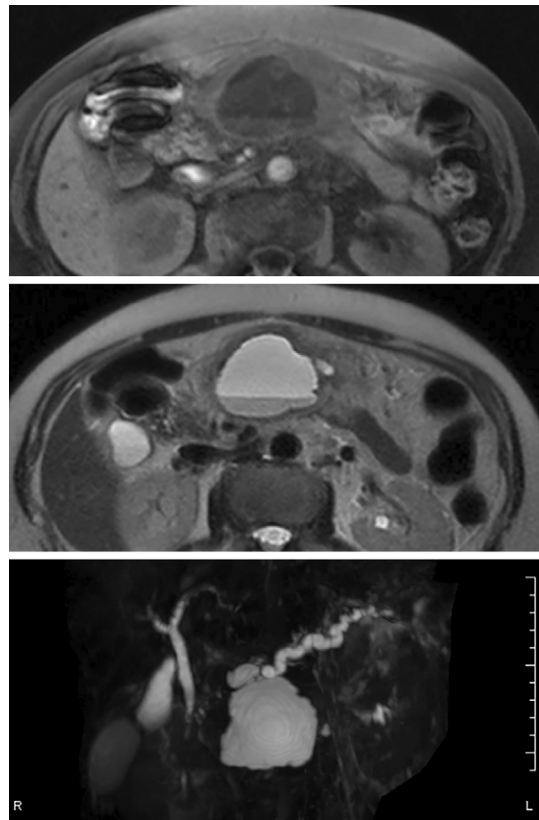
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**Picture 1.**



**Picture 3.**



**Picture 2.**

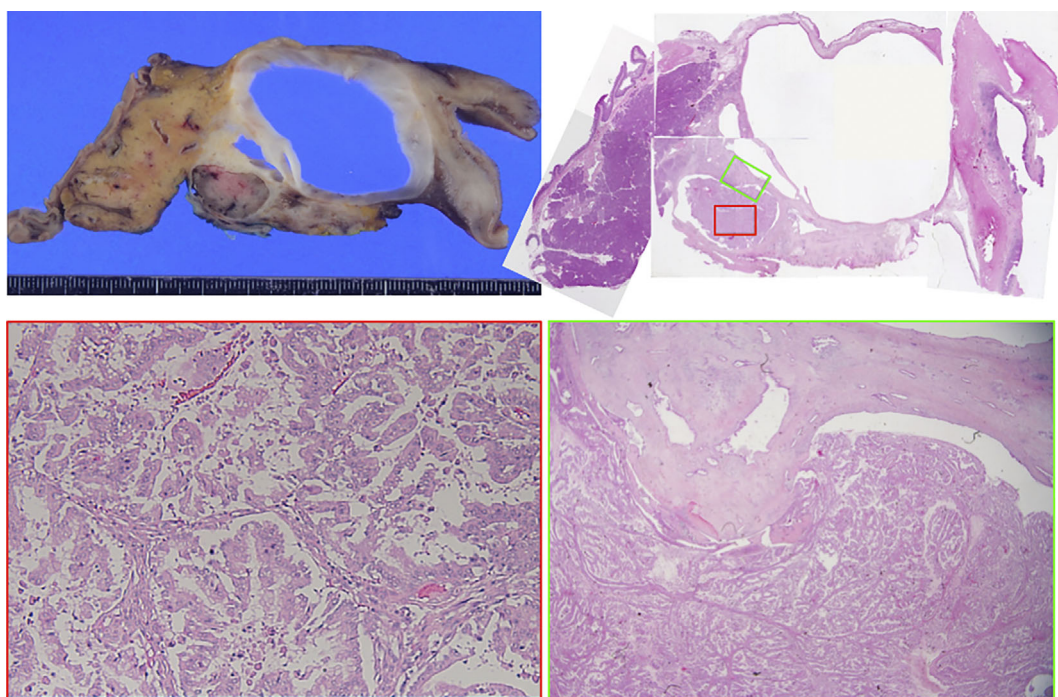
A 69-year-old-woman presented with febrile epigastric pain. A laboratory analysis indicated inflammation (WBC, 19,000/ $\mu$ L; CRP, 34.64 mg/dL). CT showed a 50-mm cyst and an enhanced mass in the pancreatic head (Picture 1). MRI demonstrated a fluid-fluid-level inside the cyst with

edematous wall-thickness (Picture 2). Endoscopic retrograde pancreatography showed the irregular pancreatic duct leading to the cyst (Picture 3). Endoscopic transpapillary nasopancreatic drainage (ENPD) was performed; her symptoms were alleviated and the cyst became smaller. Pancreaticoduodenectomy was performed based on a cytological diagnosis of adenocarcinoma. The histological examination showed a 29-mm-mass occupying the pancreatic duct; which was well-differentiated papillary adenocarcinoma. Inside the

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**Picture 4.**

cyst, pancreatic epithelia were observed (Picture 4). The diagnosis was invasive intraductal papillary mucinous carcinoma with retention.

A fluid-fluid-level is rarely observed in a pancreatic cyst, but when it is seen it normally suggests an infection. Although cystic infection is a rare complication of pancreatic tumors, puncture is associated with a high risk of seeding. ENPD is highly recommended as an initial intervention (1).

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

#### Reference

1. Watanabe K, Karasaki H, Mizukami Y, et al. Cyst infection of intraductal papillary mucinous neoplasms of the pancreas: management of a rare complication: report of 2 cases. *Pancreas* **43**: 478-481, 2014.

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