## **Clinical Images**

## Pancreatic cancer in a case of idiopathic chronic pancreatitis

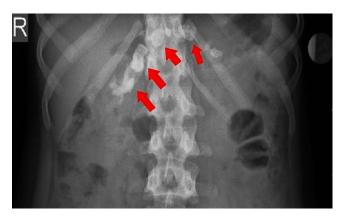


Fig. 1. X-ray abdomen showing chunky calcifications along the main pancreatic duct (red arrows).

A 38 year old female patient with a history of diabetes for the last three years presented to the Department of Medical Oncology, Christian Medical College Hospital, Vellore, Tamil Nadu, India, in August, 2012 with a three month history of intermittent epigastric pain radiating to left flank and back, associated with significant loss of weight and appetite. She was emaciated (BMI= $18.8 \text{ kg/m}^2$ ) with no palpable abdominal mass. Carbohydrate antigen (CA) 19-9 was markedly elevated (111.2 U/ml). Imaging revealed multiple chunky calcifications in the main pancreatic duct; with a mass arising from the body and tail of an otherwise atrophic pancreas (Figs 1, 2). Biopsy from the mass revealed adenocarcinoma pancreas. She is currently receiving palliative chemotherapy with FOLFIRINOX regimen (consisting of leucovorin, fluorouracil, irinotecan hydrochloride and oxaliplatin).

Pancreatic carcinoma may develop with underlying chronic calcific pancreatitis. A short temporal history of pancreatitis (<3 yr) is reported to be associated

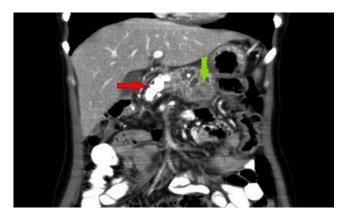


Fig. 2. Contrast enhanced CT scan of the abdomen revealing pancreatic calcifications (red arrow) and mass in the body of pancreas (green arrow).

with a 29-fold increased risk for pancreatic cancer<sup>1</sup>. Calcifications may also occur in the setting of chronic pancreatitis from an obstructive ductal adenocarcinoma<sup>2</sup>. Chronic pancreatitis may be the first manifestation of an underlying pancreatic cancer, which should be considered in the differential diagnosis of the former.

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## References

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