

◆ IMAGEN DEL NÚMERO

Solución del caso: Differential diagnosis in a pancreatic pseudocyst with evolution as an iatrogenic abscess

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Patient was referred to echoendoscopy for a new drainage of pancreatic pseudocyst due to deteriorating patient's conditions. However, endoscopic images showed a solid-cystic lesion of 8.0 X 6.2 cm, with a wall thickness of 2.0 cm. The echo-guided aspiration collected a foul and chocolate liquid. The pathological examination revealed red blood cells, fibrin-leukocyte material and absence of neoplastic cells. However, the diagnostic imaging by echoendoscopy was suggestive of a pancreatic cystic neoplasm (Figure 5). Based on the findings by echoendoscopic imaging it was decided to carry out a new surgical procedure where it was possible to remove the cystic tumor (Figure 6, A and B). Pathological examination revealed a non-functioning cystic neuroendocrine tumor (NET) of the pancreas.

NETs of the pancreas belong to a small subgroup of tumors characterized by a biological behavior that varies depending on hormone production and degree of differentiation. Based on their clinical presentation, NETs are classified as

functioning and nonfunctioning. The functioning are characterized by clinical endocrinopathy caused by inadequate hormone production. The non-functioning are histologically similar to the functioning, but do not produce any clinical symptoms. Pancreatic NETs are usually solid at imaging but on rare occasions they can manifest as pancreatic cystic lesions.¹⁻² It is noteworthy that these cystic lesions often become a challenge for diagnosis because they are hard to differentiate from other cystic neoplasms, such as intraductal papillary mucinous neoplasms (IPMT), mucinous cystic

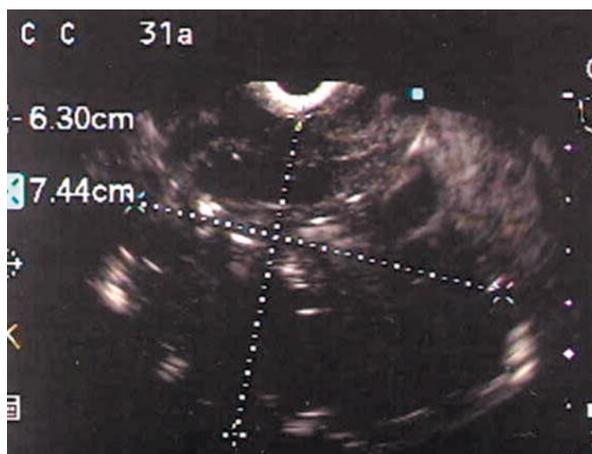


Figure 5. Endoscopic ultrasound image showed a solid-cystic lesion of 8.0 cm, with thickened wall. The appearance was of a cystic neoplasm of the pancreas. The FNA was negative for pancreatic cystic neoplasm.



Figure 6, A and B. Images of the surgical specimen.

neoplasms, serous cystic neoplasms, solid-cystic papillary tumors, and non-neoplastic lesions (pseudocysts).³⁻⁴ This difficulty in diagnosis can lead to a wrong choice of treatment which can be catastrophic for the patient, as occurred with the patient in question. Thus, even the patients who have all the evidence of a pseudocyst due to the presence of an episode of acute biliary pancreatitis should be carefully studied to avoid misunderstandings. Echoendoscopy along with fine needle aspiration is an excellent method for the differential diagnosis of different types of these tumors, with high sensitivity and specificity for NETs either solid or cystic.⁵

References

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