

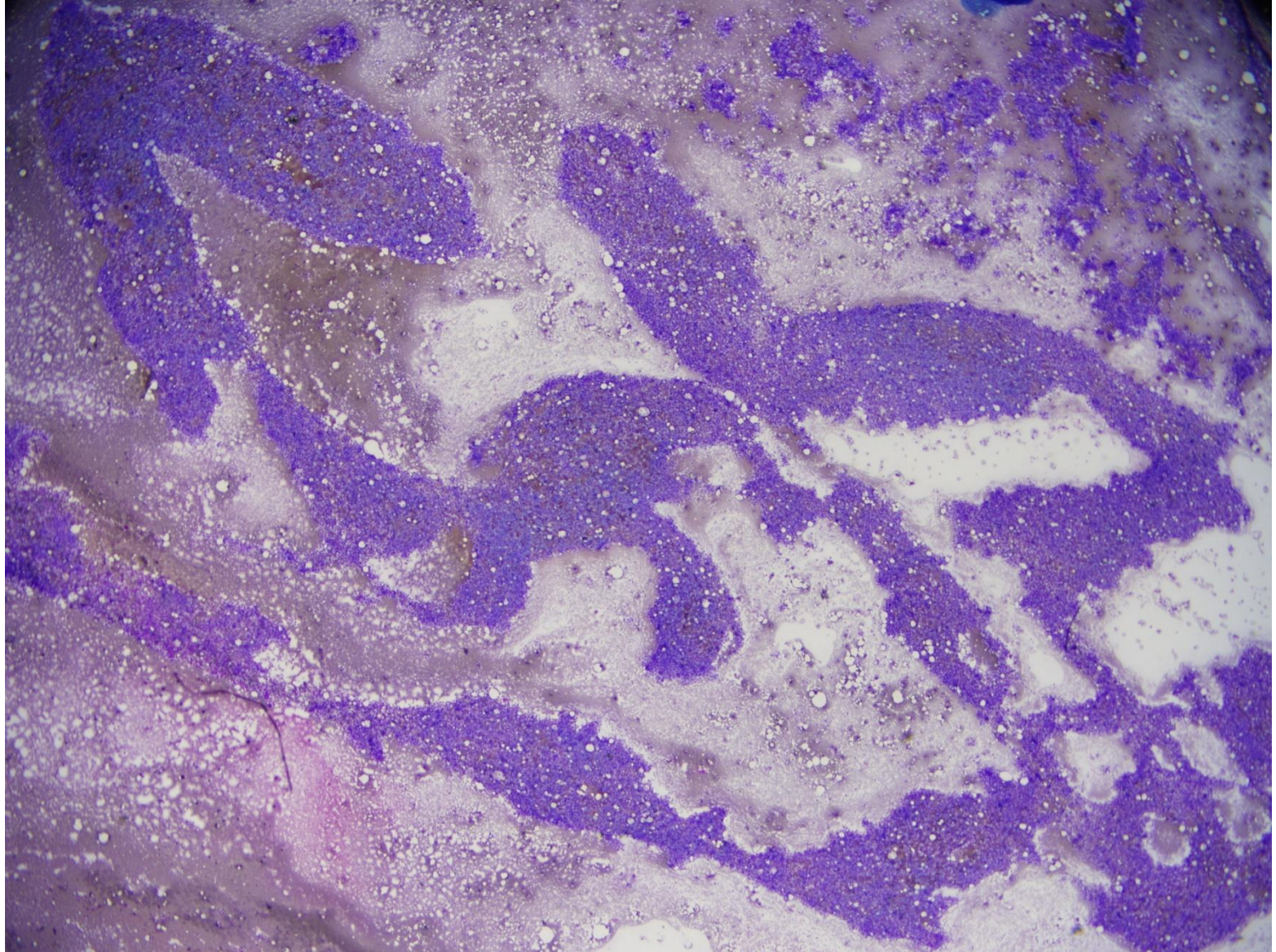
Interesting Case Conference

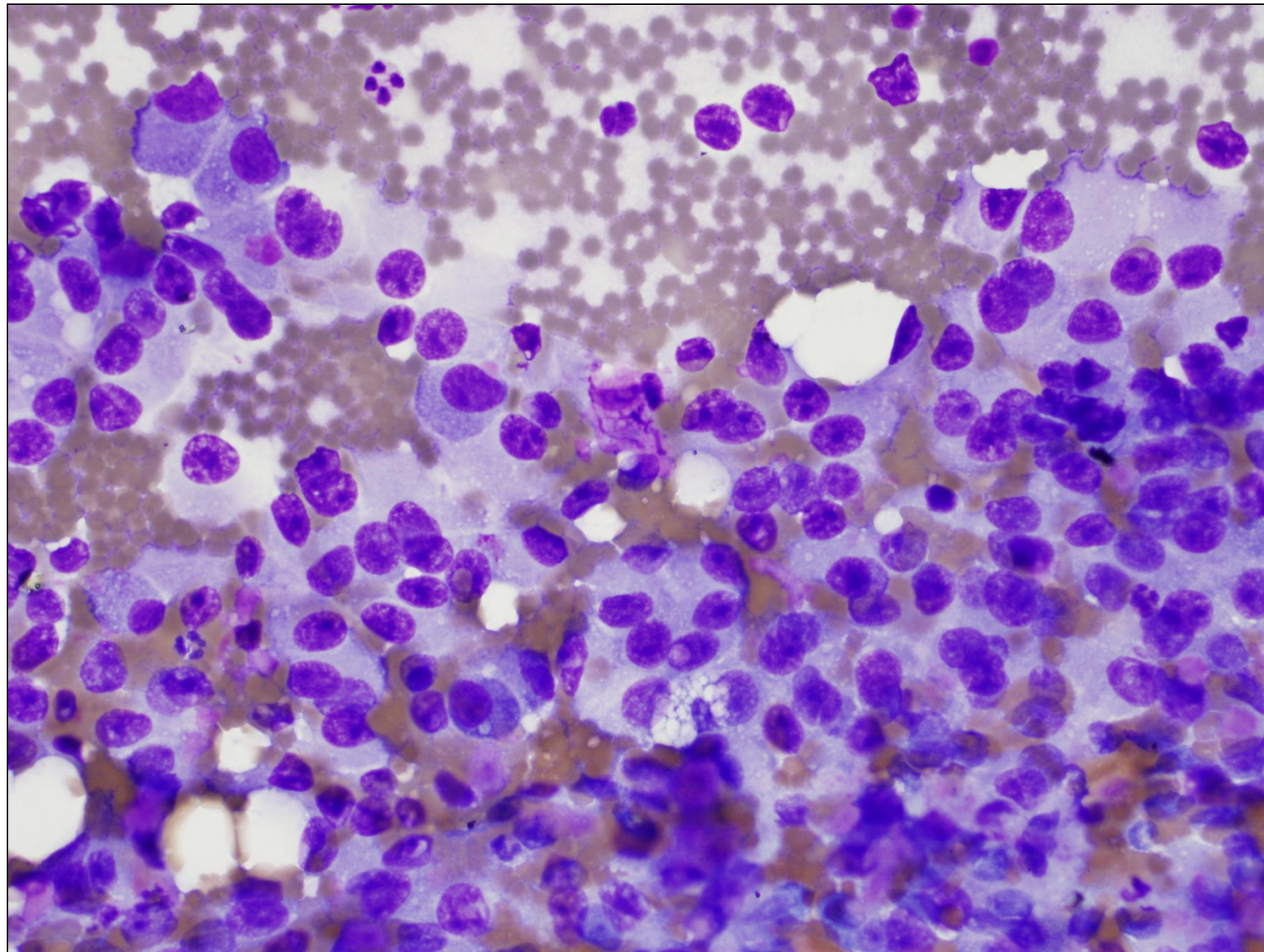
8/27/12

HISTORY

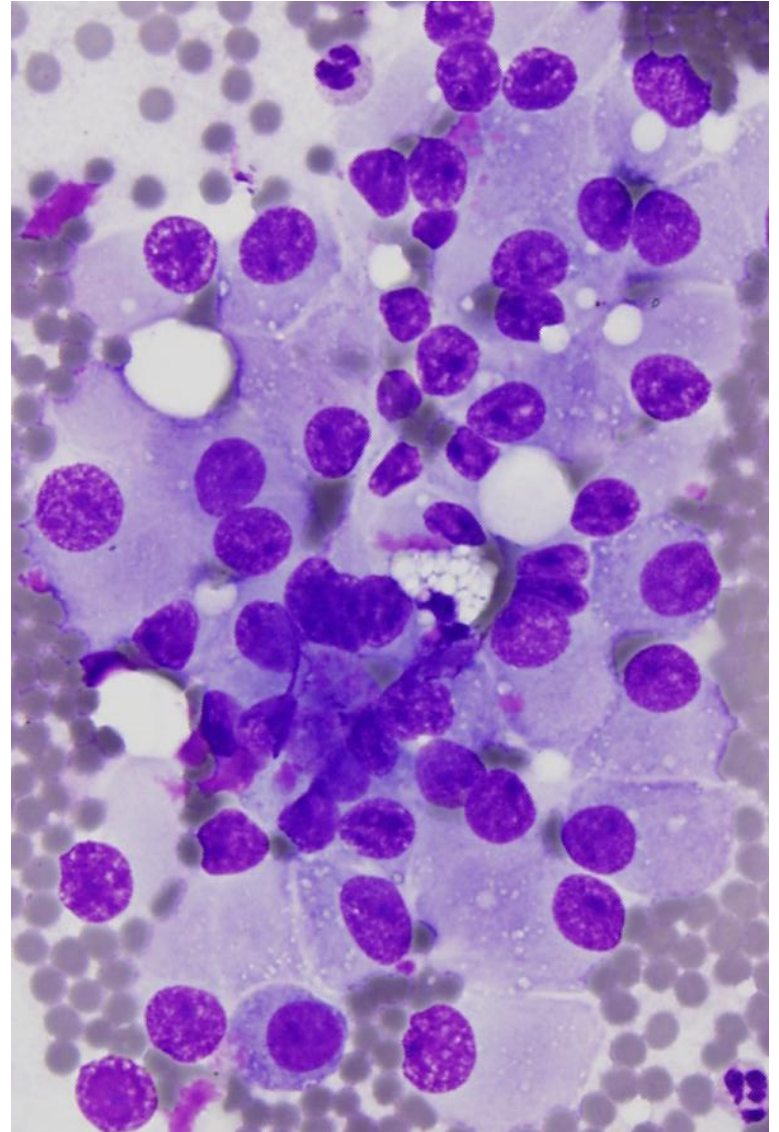
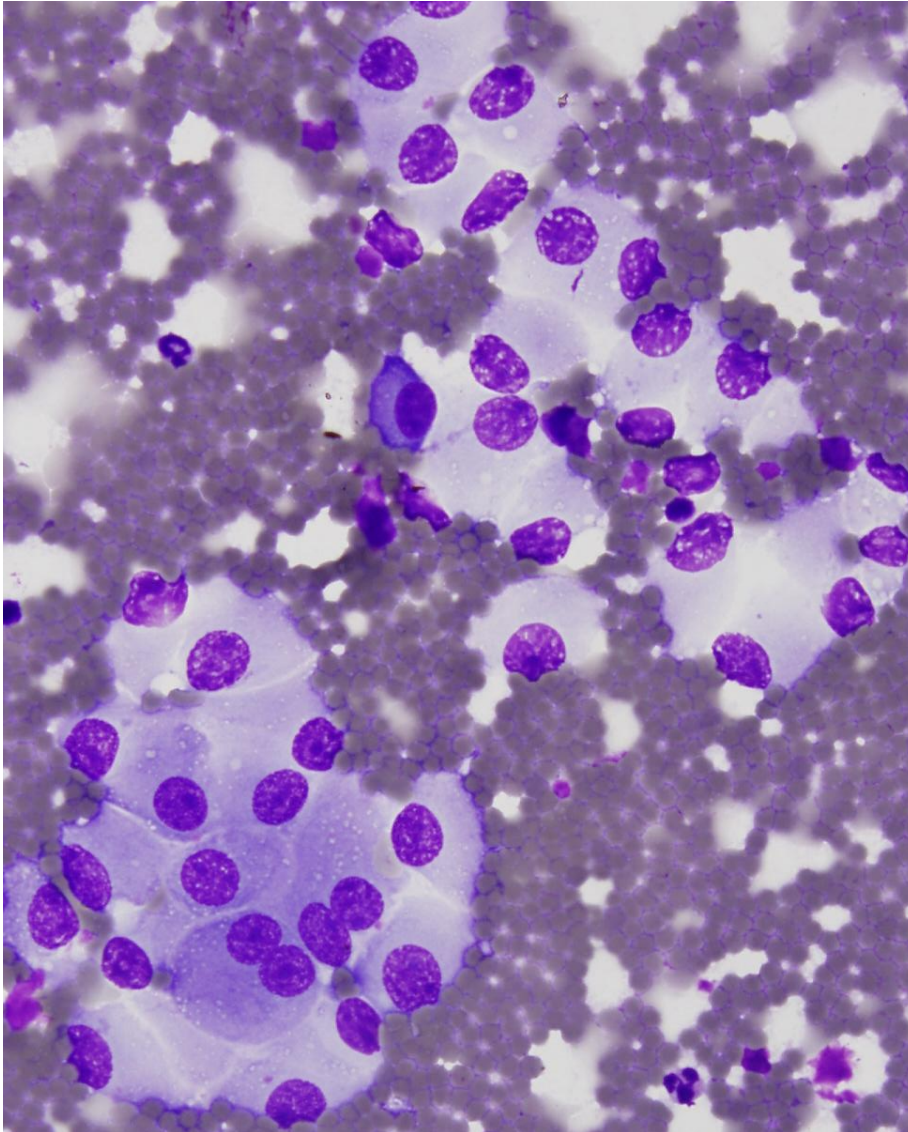
- 43 year old male
- Several months ago had hematuria
 - Renal ultrasound → renal cyst.
 - MRI of the abdomen
 - Confirmed renal lesion to be a simple cyst.
 - Also ~ 1 cm well-defined lesion in the distal pancreatic body.
- Patient had no symptoms related to pancreatic mass
 - No abdominal pain, change in weight, change in bowel habits, flushing, or other skin changes.
- Upper EUS-guided FNA
 - 1.2 cm pancreatic body mass

Diff-Quik: Low Power

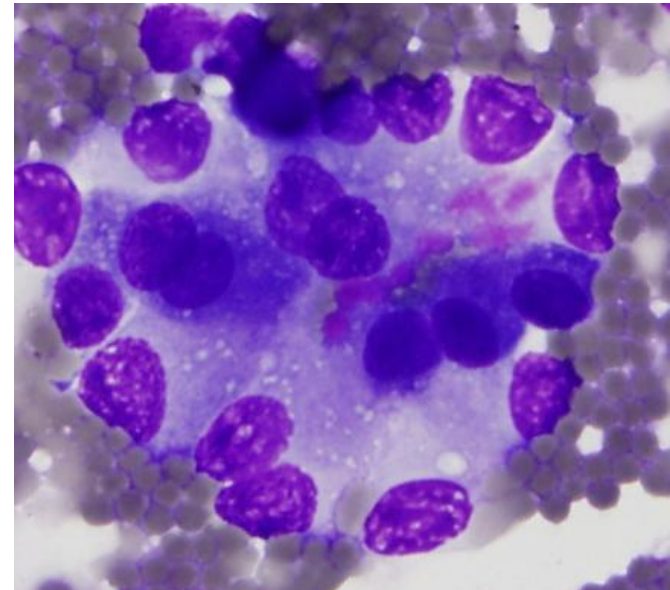
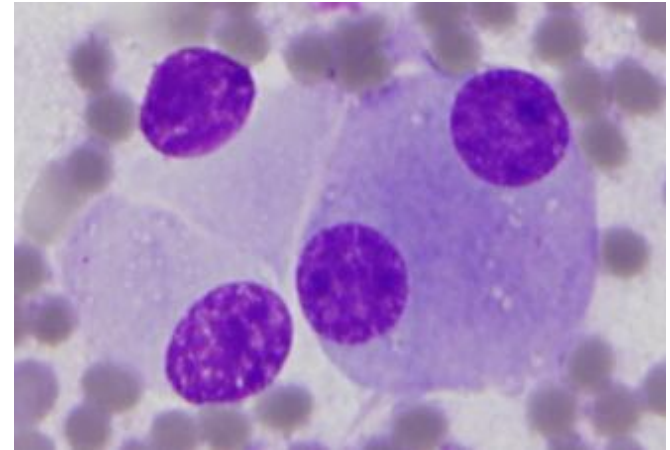
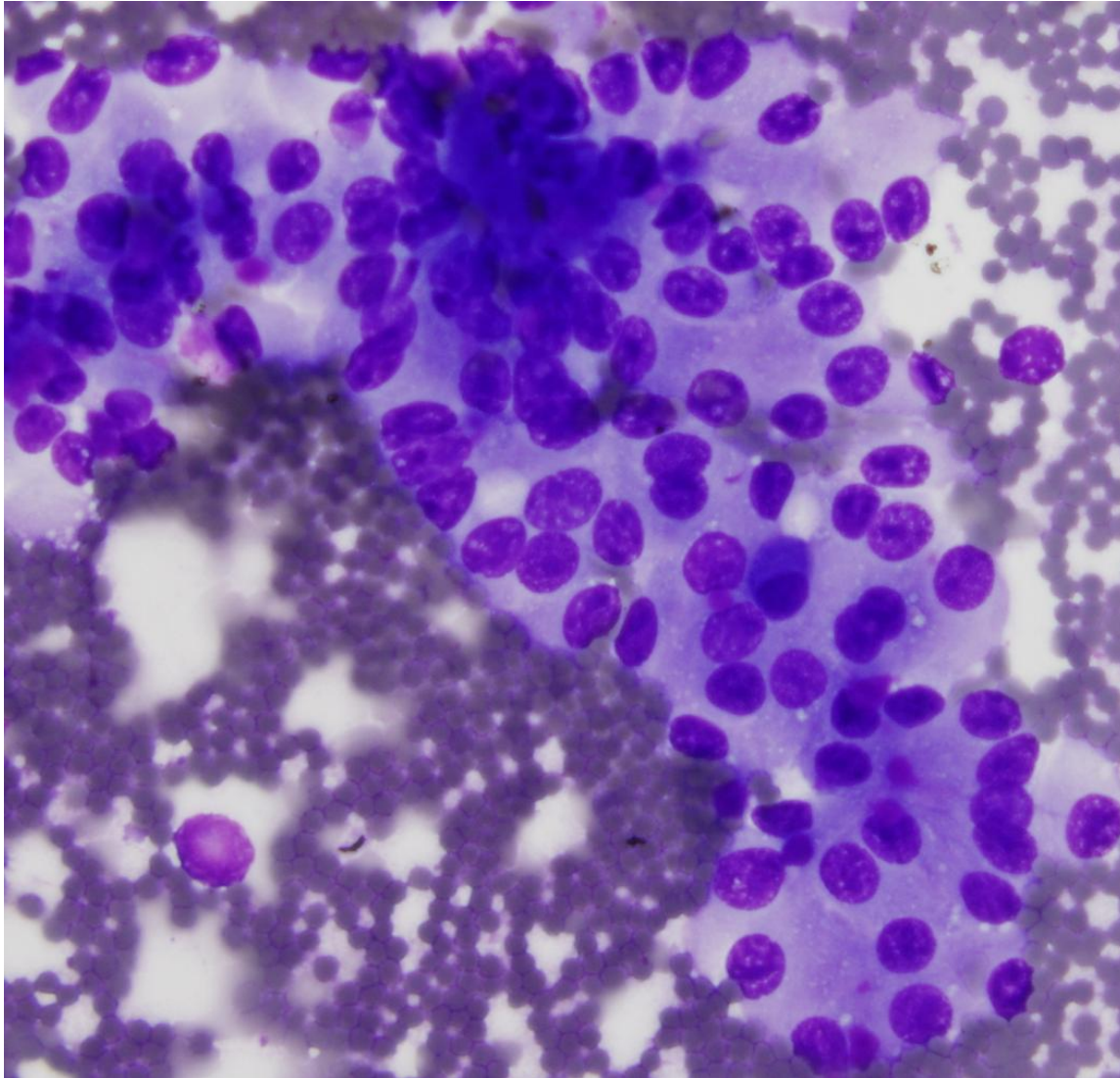




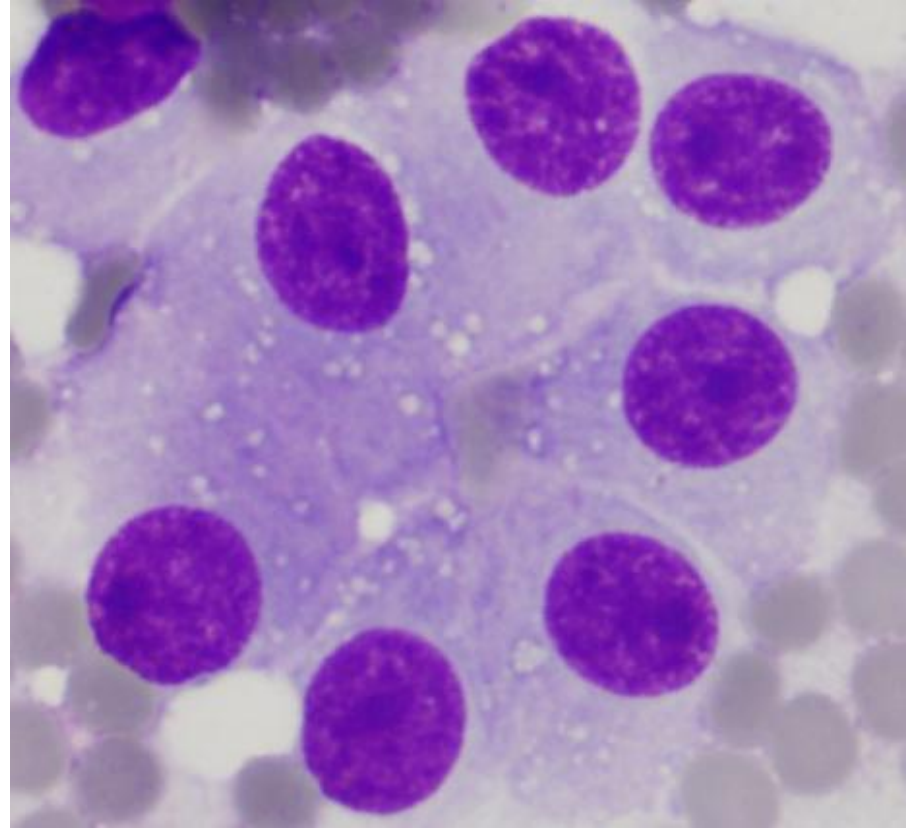
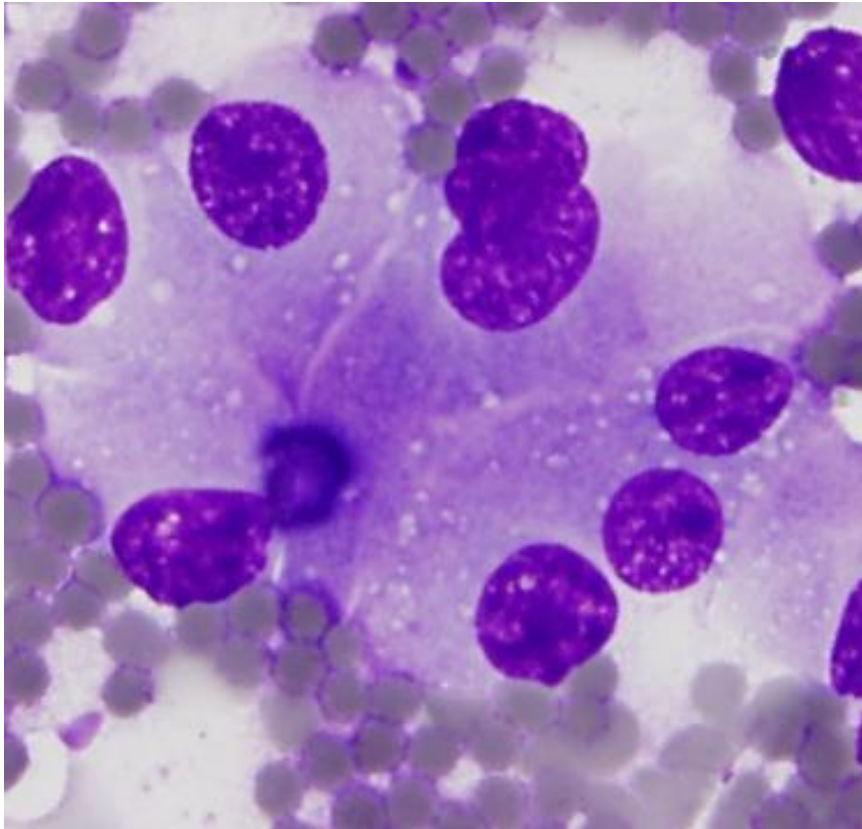
Diff-Quik



Diff-Quik



Diff-Quik



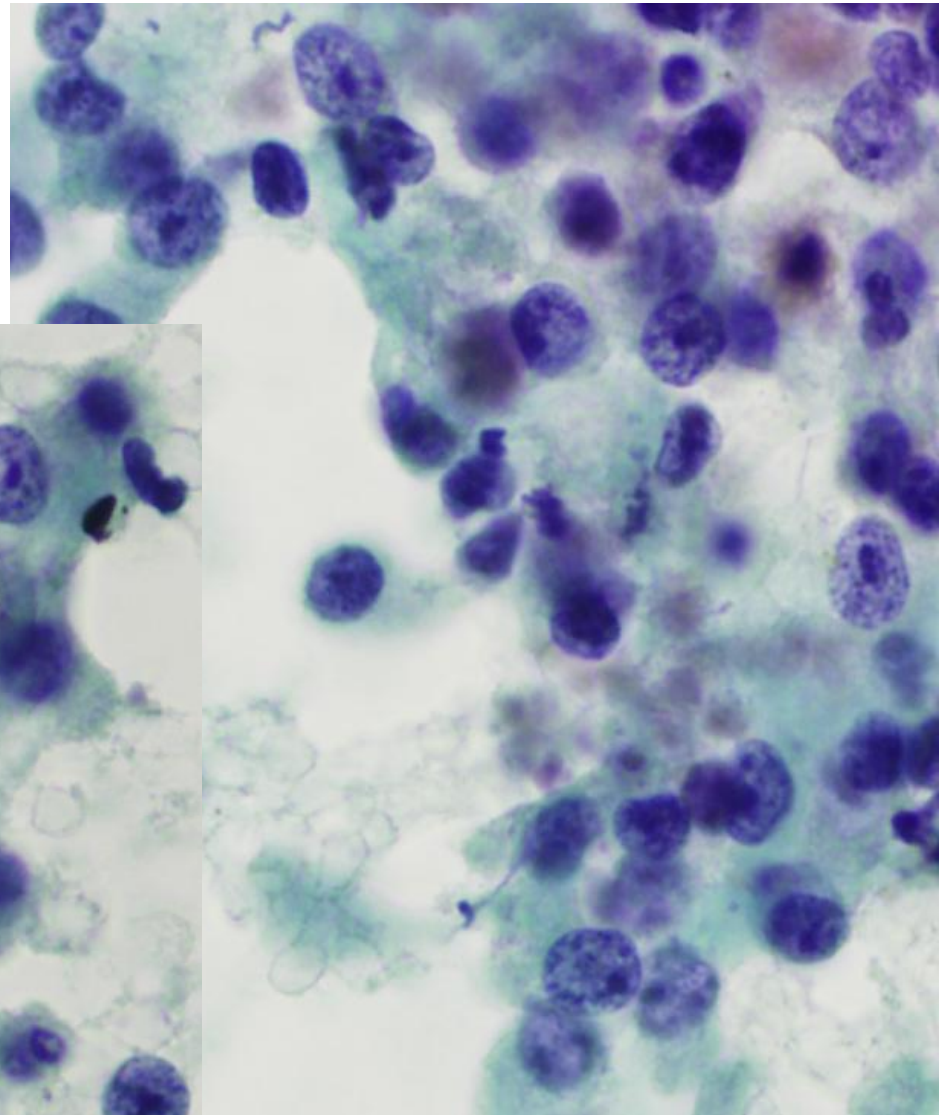
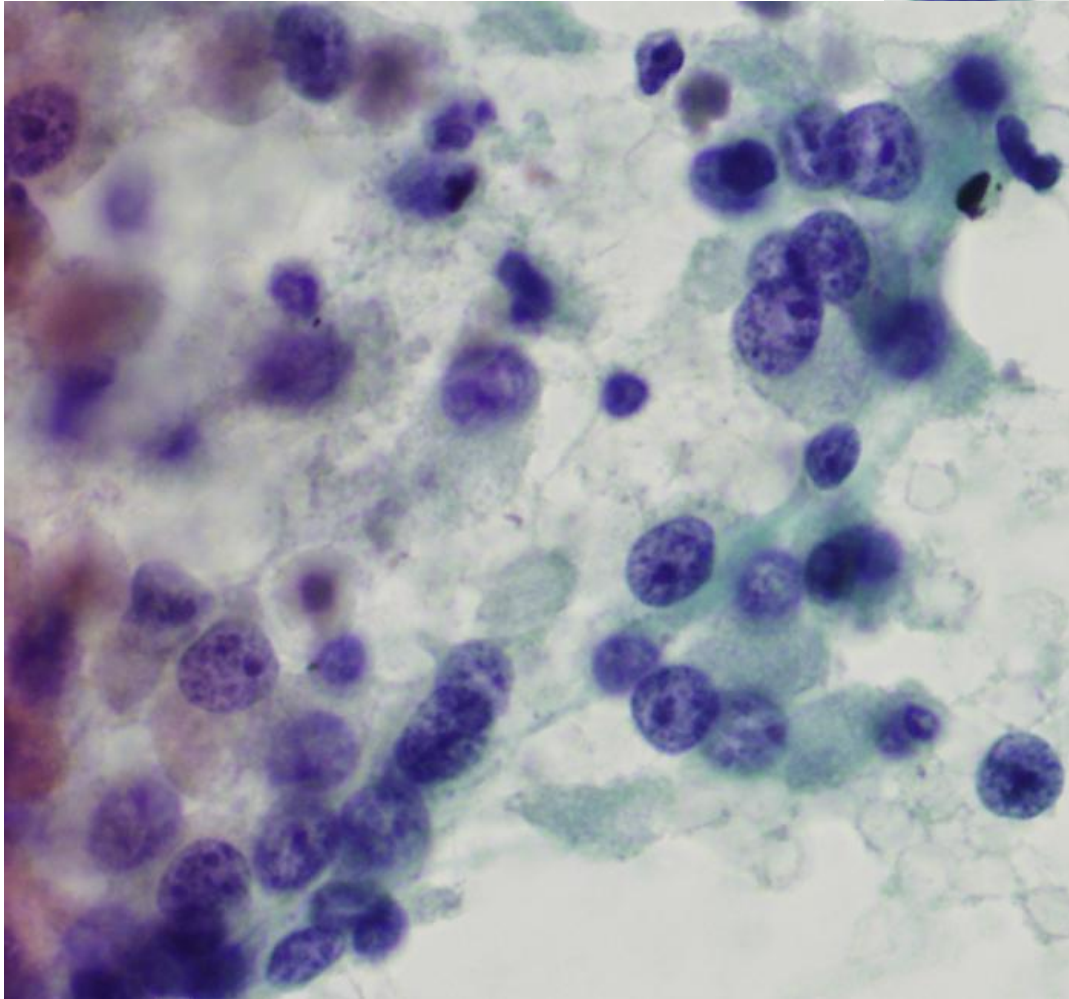
DIFFERENTIAL DIAGNOSIS

- Pancreatic endocrine neoplasm
- Acinar cell carcinoma
- Adenocarcinoma
- Solid-pseudopapillary neoplasm

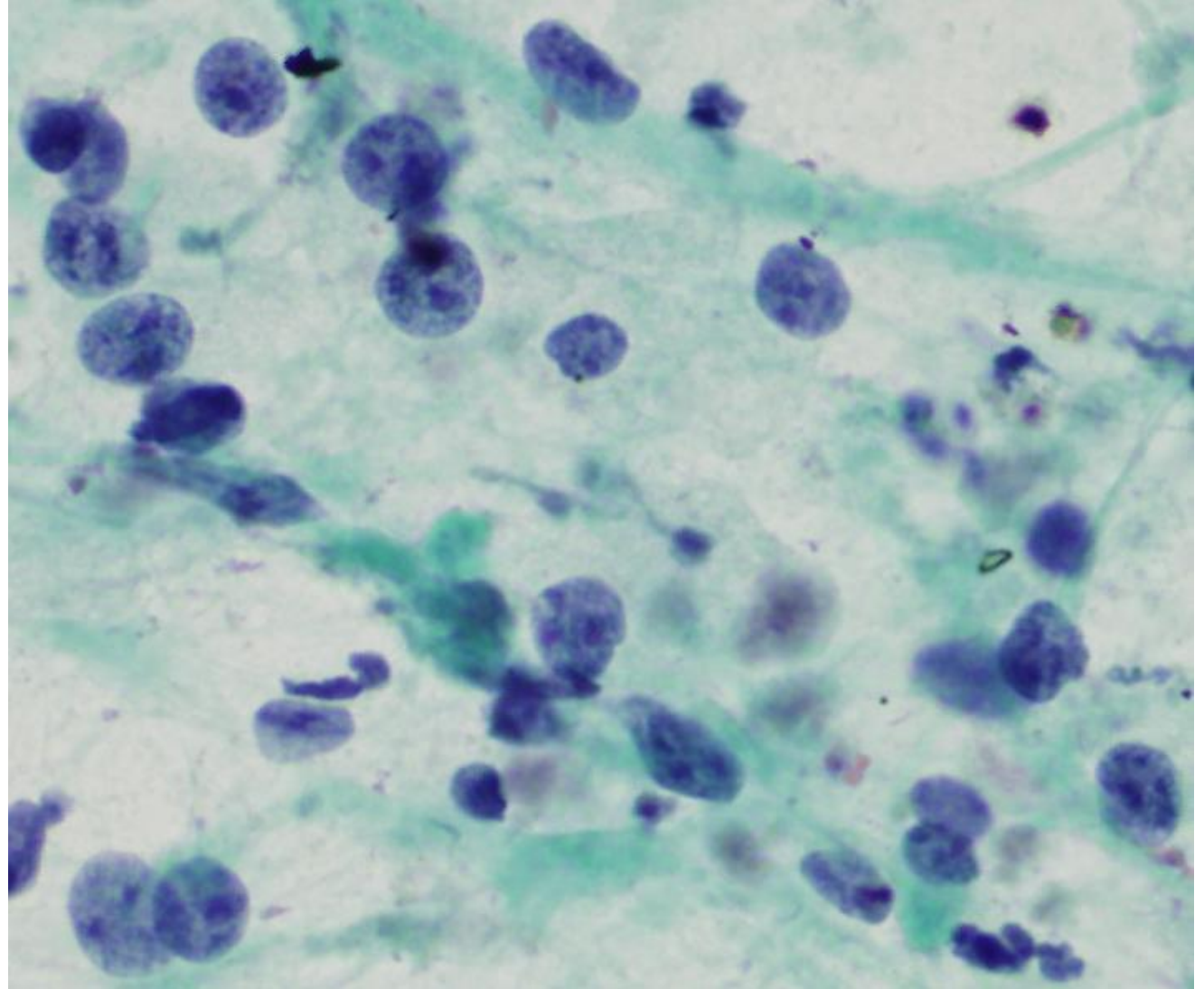
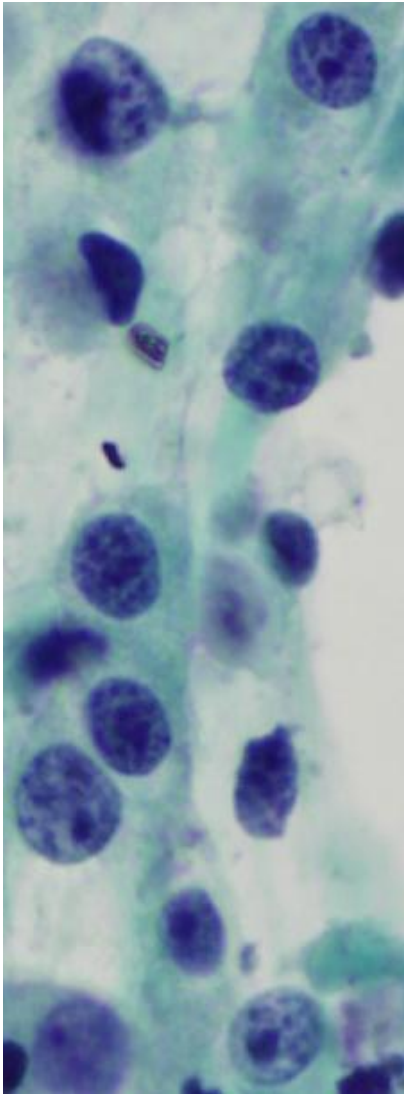
Dialogue with endoscopist:

- Imaging suggestive of neuroendocrine tumor
- Chromogranin A = 1,785 ng/ml (Reference < 225 ng/ml)

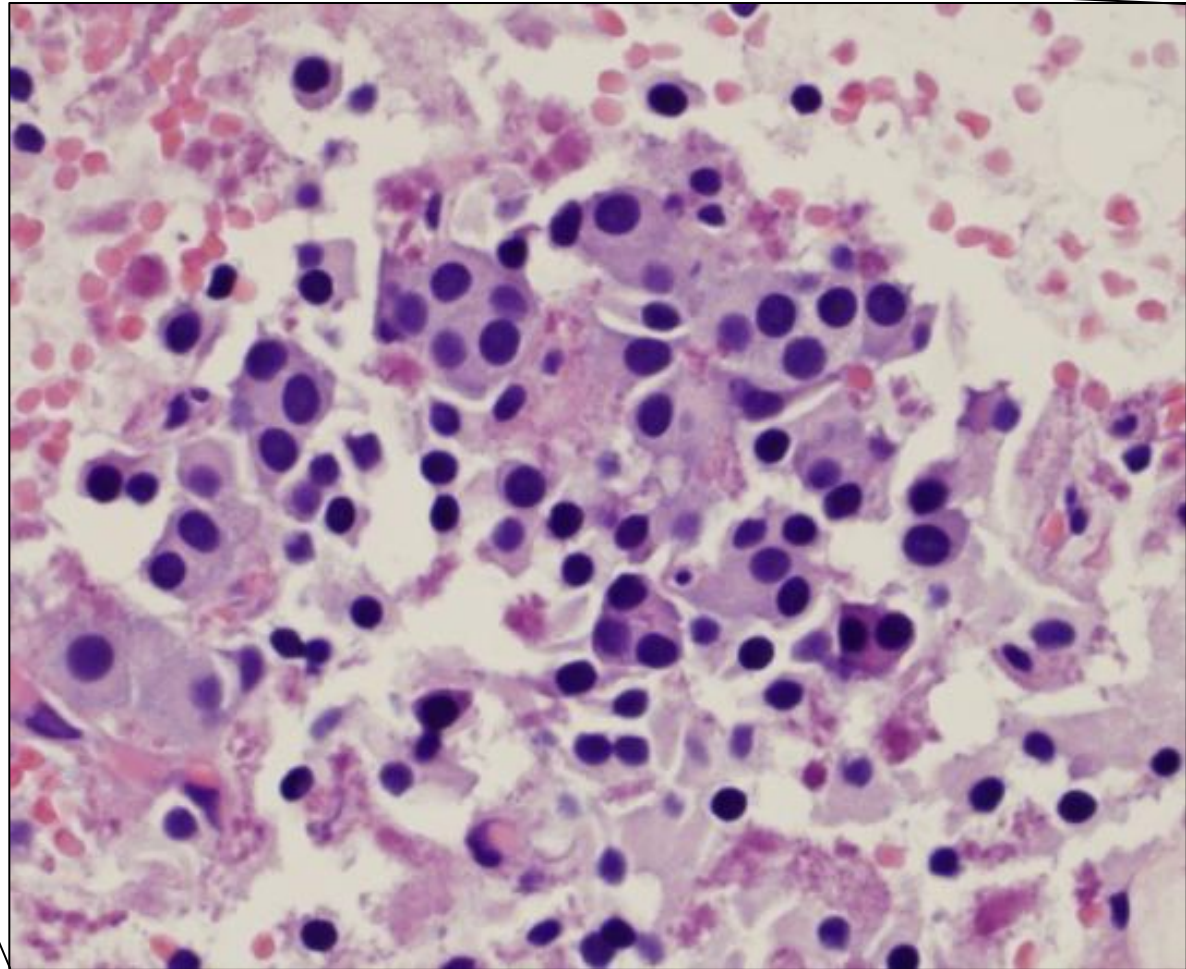
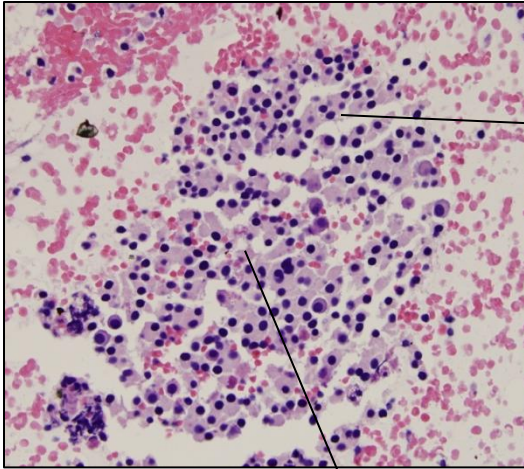
Pap stain



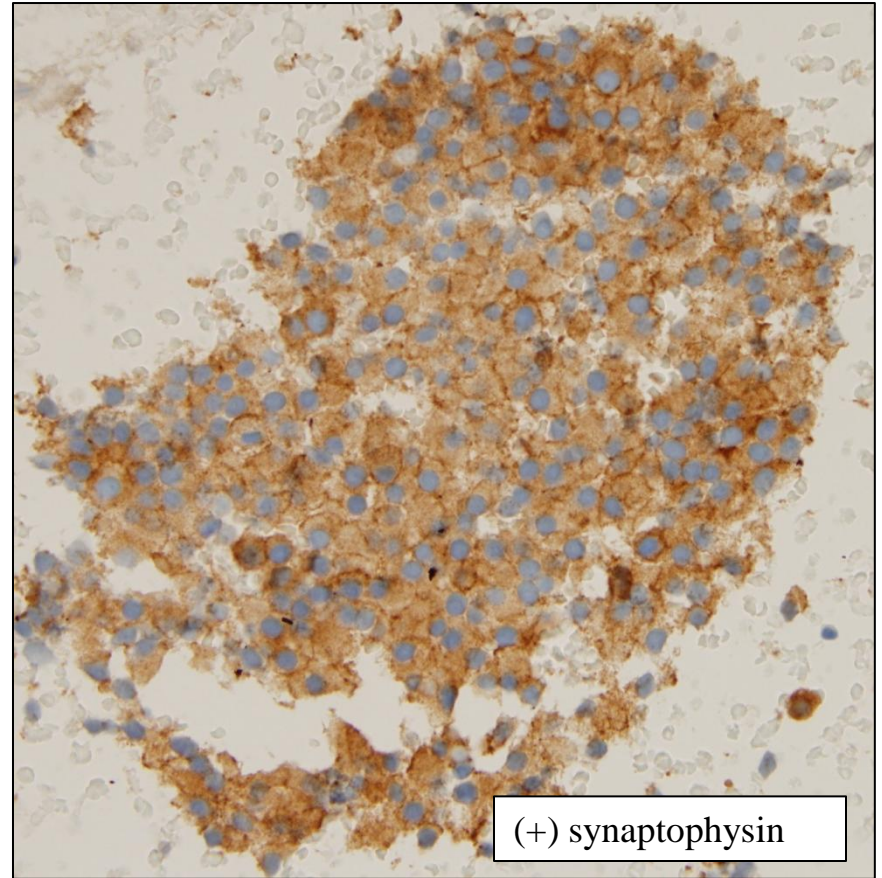
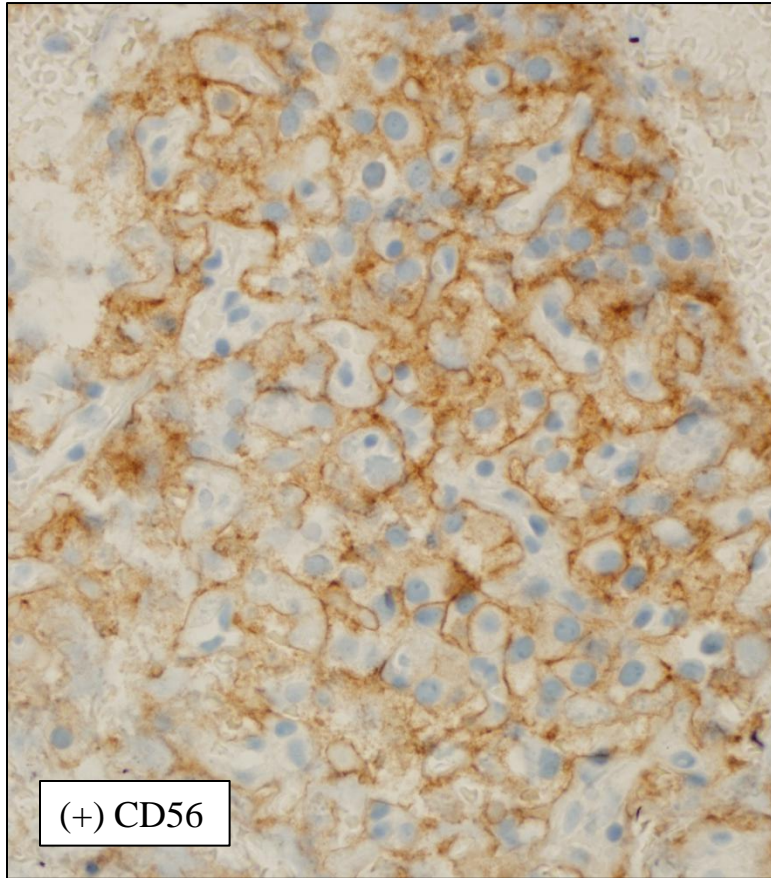
Pap stain



CELL BLOCK



Confirmatory Immunohistochemistry



FINAL DIAGNOSIS

- Pancreatic body mass, EUS-guided FNA:
 - Positive for pancreatic endocrine neoplasm.
- Final plan
 - Laparoscopic distal pancreatectomy scheduled.