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
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
Confirmatory Immunohistochemistry

(+ ) CD56

(+ ) synaptophysin
FINAL DIAGNOSIS

• Pancreatic body mass, EUS-guided FNA:
  ▪ Positive for pancreatic endocrine neoplasm.

• Final plan
  ▪ Laparoscopic distal pancreatectomy scheduled.