



IMAGES IN GASTROENTEROLOGY AND HEPATOLOGY

Giant Pancreatic Cyst: An Unusual Entity

Quisto Gigante do Pâncreas: Entidade Pouco Comum

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A 74-year-old woman was referred for further evaluation of a large pancreatic cystic lesion. She presented with abdominal discomfort, without weight loss, anorexia or history of pancreatitis or abdominal trauma. Physical examination revealed a large epigastric mass. A contrast-enhanced computed tomography (CT) showed a huge, well-defined, multiloculated cyst of 12 cm in greatest dimension arising from the pancreatic body, with multiple wall calcifications, without typical imaging features of a particular pancreatic cystic neoplasm (Fig. 1). Endoscopic

ultrasound (EUS) showed a multilocular cyst with a larger cyst (120 mm × 70 mm) and a peripheral microcystic component (Fig. 2). EUS-guided fine-needle aspiration of 7 mL of serous cystic fluid was performed from the largest cyst under prophylactic IV antibiotics. The sample had no malignant or mucus-producing cells and CEA (<2.5 ng/mL) and amylase (41 U/L) were within the reference values, making a serous cystadenoma the most likely diagnosis. Due to persistent epigastric discomfort, a distal pancreatectomy and splenectomy was performed (Fig. 3). Macroscopic examination of the resected specimen showed a combination of large cysts with several small cysts. On microscopy, the cysts were lined with a single layer of cuboidal epithelial cells with clear cytoplasm, PAS positive (Fig. 4). Histopathological examination confirmed the diagnosis of a pancreatic serous oligocystic adenoma.

Serous oligocystic adenoma (SOA) is a rare benign pancreatic tumor which represent an atypical macroscopic morphologic variant of serous cystadenomas (SCA).¹ SOAs are characterized by a limited number of cysts with a diameter of >2 cm and share imaging features overlapping those of mucinous cystic neoplasm (MCN) and branch-duct intraductal papillary mucinous neoplasm (BD-IPMN), thus frequently making the radiologic diagnosis difficult.² Endoscopic ultrasound and cyst fluid aspiration have a role in distinguishing mucinous and serous lesions.³ Management is determined by the presence of symptoms. Giant serous cystadenomas are also rare; this term usually refers to a multicystic tumor

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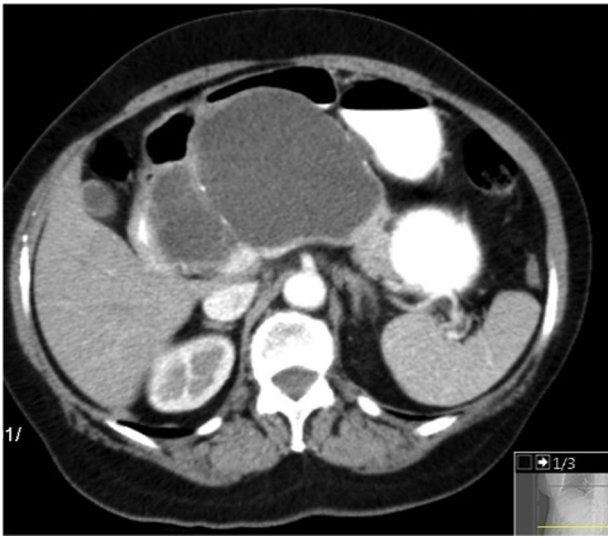


Figure 1 Computed tomography: giant well-defined multiloculated cystic mass in the body of the pancreas.

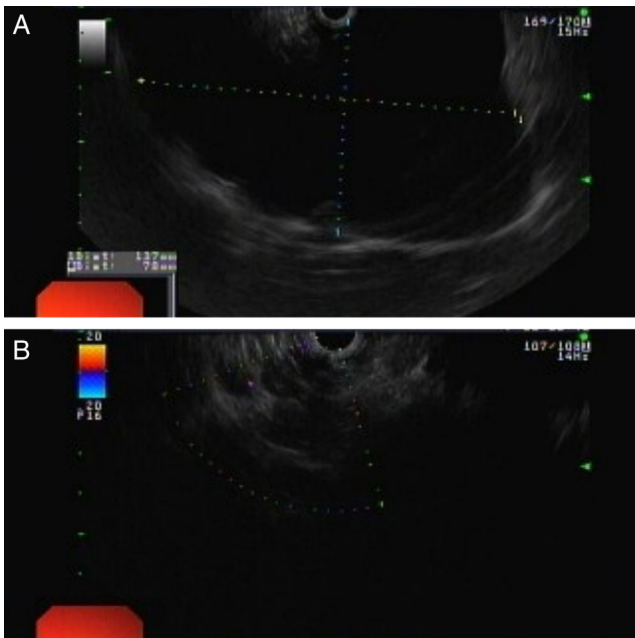


Figure 2 Endoscopic ultrasound: large multilocular cyst (A) with a microcystic pattern component (B).



Figure 3 Macroscopic appearance of the resected pancreatic cyst.

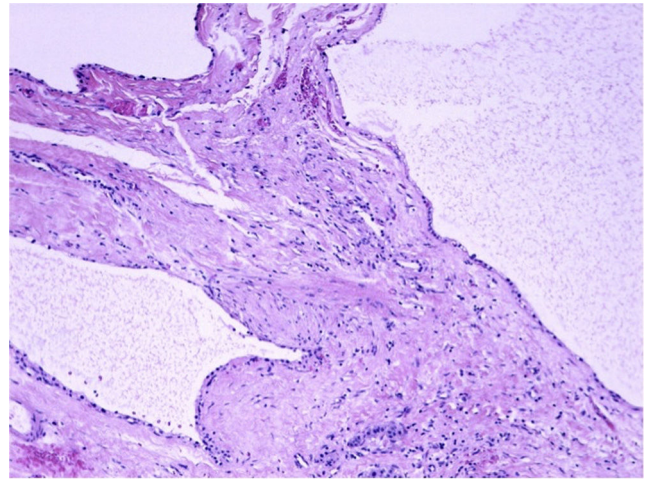


Figure 4 Microscopic appearance of the pancreatic cyst wall with a single layer of cuboidal epithelial cells with clear cytoplasm (H&E 100 \times).

larger than 10 cm in diameter in comparison with a described mean tumor diameter of 5 cm.⁴

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

Conflicts of interest

The authors have no conflicts of interest to declare.

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