[PICTURES IN CLINICAL MEDICINE]

A Rare Form of Intraductal Papillary Mucinous Carcinoma

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Picture 1.

Picture 3.

Picture 2.

A 69-year-old-woman presented with febrile epigastric pain. A laboratory analysis indicated inflammation (WBC, 19,000/ μ L; CRP, 34.64 mg/dL). CT showed a 50-mm cyst and an enhanced mass in the pancreatic head (Picture 1). MRI demonstrated a fluid-fluid-level inside the cyst with

edematous wall-thickness (Picture 2). Endoscopic retrograde pancreatography showed the irregular pancreatic duct leading to the cyst (Picture 3). Endoscopic transpapillary nasopancreatic drainage (ENPD) was performed; her symptoms were alleviated and the cyst became smaller. Pancreaticoduodenectomy was performed based on a cytological diagnosis of adenocarcinoma. The histological examination showed a 29-mm-mass occupying the pancreatic duct; which was well-differentiated papillary adenocarcinoma. Inside the

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Picture 4.

cyst, pancreatic epithelia were observed (Picture 4). The diagnosis was invasive intraductal papillary mucinous carcinoma with retention.

A fluid-fluid-level is rarely observed in a pancreatic cyst, but when it is seen it normally suggests an infection. Although cystic infection is a rare complication of pancreatic tumors, puncture is associated with a high risk of seeding. ENPD is highly recommended as an initial intervention (1).

The authors state that they have no Conflict of Interest (COI).

Reference

1. Watanabe K, Karasaki H, Mizukami Y, et al. Cyst infection of intraductal papillary mucinous neoplasms of the pancreas: management of a rare complication: report of 2 cases. *Pancreas* **43**: 478-481, 2014.

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