 DaiNimiku CT to sepan gatai no notesu ni 
akayoukenososan no senkibo de 
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We have seen a case of a 67-year-old male patient with a pancreatic mass revealed by dynamic CT scan and ERCP. The mass was confirmed to be a pancreatic mass by endoscopic ultrasonography. The patient underwent surgery and was found to have a pancreatic tumor. The surgical specimen was sent for pathological examination, and the diagnosis was confirmed. The patient was discharged after a smooth recovery and is currently being followed up. It is important to note that early diagnosis and treatment are essential for the successful management of pancreatic tumors.
症例

Fig. 2  ERCP showed (a) smooth stenosis of the lower portion of the common bile duct, and (b) narrow segment of the main pancreatic duct and the branches from the narrow main pancreatic duct.

本症例は肺転移を認めたため原発巣は切除されず、従って原発巣の病理組織像は不明であるが、肺転移巣の病理組織像では間質成分の少ない高分化型腺癌であった（Fig. 3）。転移巣から原発巣の病理組織像を推測することは難しいが、原発巣も同様の組織像だとすれば、線維成分に乏しい腫瘍のため造影CT早期相でも周囲肺実質と同様に均一に造影された可能性は否定できない。また本症例は、プラッシング細胞診によりclass Vと診断され、腫瘍におけるプラッシング細胞診の成績は必ずしも良好とは言い難いが、本症例のように画像のみでは両者の鑑別が困難な場合、プラッシング細胞診等の病理学的検査も積極的に施行する必要があると考えられた。

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A Case of Pancreatic Cancer with Difficult Diagnosis of Distinguishing from Chronic Pancreatitis by Dynamic CT and ERCP

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Fig. 3  Histological finding of the metastatic lesions in the lung showed well differentiated tubular adenocarcinoma with a small amount of interstitial tissue.

Fig. 4  Abdominal angiography showed the obstruction (arrow) of pancreatic arterial arcade.

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Dynamic CT and ERCP play an important role in the differential diagnosis between pancreatic cancer and chronic pancreatitis. However, we experienced a case of cancer of the pancreatic head that was difficult to distinguish from chronic pancreatitis by the two examinations. The pancreatic tumor in this case on CT was enhanced identically to the surrounding parenchyma of the pancreas in both early and delayed phases. ERCP showed the smooth stenosis of the common bile duct and the stenosis of the main pancreatic duct with the visualization of the branches from the stenosis, suggesting chronic pancreatitis. Abdominal angiography revealed the obstruction of the pancreatic arcades and seemed to be a useful tool on the differential diagnosis between pancreatic cancer and chronic pancreatitis. In addition, the brushing cytology under ERCP that demonstrated class V in this case should be performed in such a difficult case of distinguishing between these two diseases.

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