Clinics in Surgery

Clinical Image
Published: 09 Nov, 2018

Focal Chronic Pancreatitis Mimicking Pancreatic Neuroendocrine Tumor

*Marco Massani**

Department of Surgery, Regional Hospital Treviso, Piazza Ospedale, Italy

Clinical Image

A 70 years-old man was referred to the Surgical Department after a 14-years history of carcinoid syndrome related symptoms (diabetes, flushing and diarrhea) and serum Chromogranin-A (CgA) elevation. In 2004 he underwent an explorative laparotomy without evidence of the suspected primitive lesion. Since then, symptoms were well controlled with the Somatostatin analog lanreotide. CgA serum levels progressively decreased and the patient performed annual MRI follow-up (also for a branch duct IPMN diagnosis). In 2017 a suspected primitive Neuroendocrine Tumor (NET) in the pancreatic tail was noticed, with no parenchymal atrophy and no calcifications associated. The lesion was centimetric, with low signal intensity on T1-weighted sequences, increased signal intensity on T2-weighted sequences, and avid enhancement after the administration of gadolinium. (68) Ga-DOTATOC-PETCT confirmed the suspicion with an increaseduptake in the same area (Figure a). A distal pancreatectomy was performed but the pathologic report did not find a neuroendocrine lesion but a focal chronic pancreatitis. A whitish area with shaded margins of about 1 cm is described in the pancreatic tail. The pancreatic parenchyma is fibrotic, and in its context lymphocytic inflammatory infiltrates are found with loss of pancreatic acini and ducts, and hyperplasia of the Langerhans islets (Figure b). After 1-year follow-up the patient is well and is remarkable thathe no longer complains the carcinoid related symptoms without lanreotide injections.

All NETs can produce and secrete peptides and hormones, although many do not. Functional tumors tend to present early with small lesions due to the related clinical syndrome. The identification of the primary lesion is fundamental in the treatment of pancreatic NET (pNET). However, many of these are very small and identification can be difficult. MRI and (68) Ga-DOTATOC-PETCT improve the diagnostic performance in association to symptoms and serologic markers [1]. Focal chronic pancreatitis can mimic pancreatic ductal adenocarcinoma and pancreatic cystic neoplasm [2,3] but there has been no literature about pNET. Endoscopic-ultra-sound guided biopsy could drive to the correct diagnosis but in this unique case the procedure could not be performed due the distal location of the lesion.

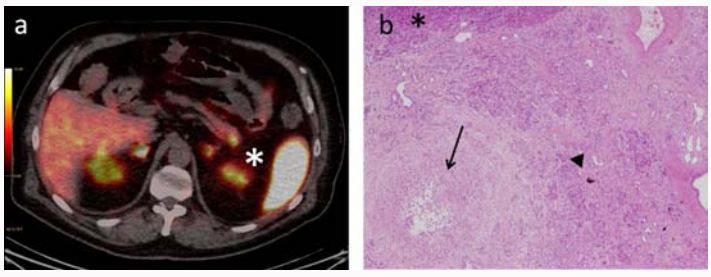

Figure: (a): (68) Ga-DOTATOC-PETCT slice showing the increased uptake area by the suspected lesion (*). (b): Pathology slide, hematoxylin and eosin staining: extra lesional pancreatic parenchyma (*); flogosis and abscessualization area (arrow); area of pancreatic parenchyma affected by pancreatitic process with reduction of the acinar share with ductular acinar metaplasia, neuroendocrine hyperplasia, inflammation and fibrosis (arrow head).

References

1. Liu JB, Baker MS. Surgical Management of Pancreatic Neuroendocrine Tumors. Surg Clin North Am. 2016;96(6):1447-68.

2. Al-Hawary MM, Kaza RK, Azar SF, Ruma JA, Francis IR. Mimics of pancreatic ductal adenocarcinoma. Cancer Imaging. 2013;13(3):342-9.

3. Jee KN. Mass forming chronic pancreatitis mimicking pancreatic cystic neoplasm: A case report. World J Gastroenterol. 2018;24(2):297-302.

OPEN ACCESS

Correspondence:
Marco Massani, Department of Surgery, Regional Hospital Treviso, Piazza Ospedale, 31100 Treviso, Italy,
E-mail: marcomassani@hotmail.com

Received Date: *08 Oct 2018*
Accepted Date: *06 Nov 2018*
Published Date: *09 Nov 2018*

Citation:
Massani M. Focal Chronic Pancreatitis Mimicking Pancreatic Neuroendocrine Tumor. Clin Surg. 2018; 3: 2206.