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Large mucinous cystic neoplasm of the pancreas in a female: a case report

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Introduction: True pancreatic cysts are congenital and neoplastic and are rare. These primary pancreatic cysts can be serous which is benign or mucinous which include mucinous cystic neoplasm (MCN) and intraductal papillary mucinous neoplasm (IPMN) and have the potential of malignant transformation. MCNs usually asymptomatic and the treatment option is surgery.

Case presentation: A 33-year-old lactating female presented with left hypochondrial lump, which gradually increased in size over two months duration with intermittent pain. There was no features of intestinal obstruction or constitutional symptoms. Clinically, intraabdominal ballotable mass in the left hypochondrium and epigastrium was detected. Computerized tomography revealed a large (15x11x20cm) retroperitoneal cystic mass posterior to tail of pancreas. During surgery a large cyst originating on posterior aspect of pancreas displacing pancreas, splenic vein and inferior mesenteric vein anteriorly. Complete excision of cyst was performed and the histology confirmed MCN of pancreas with low grade dysplasia. Postoperative period was unremarkable.

Discussion: Mucinous cystic neoplasms are cystic epithelial neoplasm with mucine producing columnar epithelium and ovarian type stroma. MCNs are almost exclusively occur in women specially in perimenopausal age. MCNs are potentially malignant having a spectrum that ranges from benign (mucinous cystadenoma), premalignant (noninvasive MCNs) to frankly invasive carcinoma (mucinous cystadenocarcinoma). MCNs are usually asymptomatic but can present with nonspecific symptoms and diagnosed incidentally on imaging investigations. MCNs are usually located in body and tail of the pancreas without communication with the pancreatic duct. Imaging investigations are important in diagnosis, to exclude differential diagnosis and predict the features of invasive MCNs. Due to its malignant potential surgical resection is the treatment of choice and cures non-invasive MCN. The dramatic difference between prognosis of patient with non-invasive MCN and invasive MCN indicate importance of diagnosis and timely resection of MCN before it become invasive MCN.

Keywords: mucinous cystic neoplasm, pancreas, imaging investigations