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Mass forming pancreatitis in differential diagnosis of pancreas tumors

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The differential diagnosis of pancreatic tumors includes many neoplasms as well as non-neoplastic masses. Among the non-neoplastic masses that enter the differential diagnosis, reactive-inflammatory masses occupy an important place. As is known, in the absence of neoplasia, the treatment changes completely. Therefore, before any surgical intervention, it is necessary to determine whether the mass is a malignant neoplasia. However, unfortunately, this distinction cannot be made certainly by using diagnostic methods other than pathological diagnosis today.

This presented case is a good example of the diagnostic inadequacy:

A 74 years old male patient, with a former diagnosis of pancreas cancer was applied to hospital. His biochemical laboratory tests revealed elevation of serum GGT, ALT and AST levels. Serum CA19-9 and Ig G4 levels were in normal limits. Abdominal USG revealed a 3x2 cm mass in the pancreas. Endoscopic USG showed lobular parenchymal architecture, mild dilatation of pancreatic duct and the solid mass compressing common bile duct. Then fine needle aspiration biopsy was taken revealing a diagnosis of chronic pancreatitis without evidence of any malignancy or Ig G4 (+) plasma cell infiltration. Due to continuing suspicion of malignancy, PET CT was also performed, revealing the same solid lesion with increased FDG update. Due to persistent malignancy suspicion, surgical operation was planned.

Pathologic examination of total pancreatectomy specimen did not reveal any malignant neoplasia at all.

At the location where radiologically suspicious solid mass was described, microscopic evaluation just revealed lymphocyte infiltration mixed with neutrophil leukocytes, proliferation of young connective tissue, endothelial swollen capillary proliferation and mild edema (Figure). Although all pancreatic parenchyma was examined, it was not found to be malignant or benign neoplasia.

This case is a good example of how currently available non-invasive diagnostic methods, including PET CT, are still insufficient to exactly distinguish malignant neoplasia from the inflammatory reactions. In many more cases, such as this one, unnecessary surgical operations continue to be performed, some of which are radical. Of course, in case of suspicion of malignancy, these surgical procedures remain necessary. Our hope in this regard is that in the future, non-invasive diagnostic methods will be further developed, and unnecessary surgical interventions will be minimized as in our case. In particular, we expect that PET CT devices and software will be further developed and radiological evaluations will become more specific by time.

Recent publications:

1. Abdominal actinomycosis mimicking acute appendicitis
2. Castleman's Disease in a patient with chronic cervical lymphadenopathy: A case report

Biography

Halil Kiyici, a doctor, and he attend many international conferences and have published many articles in journals.

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