PANCREATIC SARCOIDOSIS MASQUERADING AS PANCREATIC ADENOCARCINOMA

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BACKGROUND

- Sarcoidosis is a rare, systemic disease that can affect any organ but is mostly commonly associated with pulmonary manifestations. Excluding the liver, gastrointestinal involvement of sarcoidosis is rare.
- Pancreatic sarcoidosis (PS) has a reported incidence of 1-5% in autopsy studies. [1] PS can masquerade underlying malignancy which posses a diagnostic and therapeutic challenge.
- The clinical presentation includes symptoms secondary to pancreatic duct obstruction or pancreatic parenchymal infiltration.
- This case highlights the rare finding of a pancreatic sarcoidosis masquerading as a pancreatic adenocarcinoma.

CASE REPORT

- A 52-year-old African American female with a past medical history of hypertension and pulmonary sarcoidosis presented with one month of epigastric pain. CT of the abdomen demonstrated an approximately 2.0 cm low-density lesion within the body of the pancreas with mild pancreatic ductal dilatation in the more distal body and tail of the pancreas concerning for a pancreatic neoplasm (Figure 1).
- EUS demonstrated a poorly-defined, 23 mm x 18 mm mass within the pancreatic body with many enlarged lymph nodes in the upper abdomen without any pancreatic duct abnormalities (Figure 2). Fine needle aspiration (FNA) demonstrated epithelioid cells with evidence of atypia and minimal mitotic activity however concerning for adenocarcinoma (Figure 3)
- Due to distal pancreatic duct changes and presence of atypical epithelioid cells, the patient underwent a distal pancreatectomy and splenectomy. Pathology demonstrated one large, primary mass measuring 2.4 cm and multiple additional mass forming areas of sarcoidosis. There was no evidence of malignancy (Figure 4)

FIGURES

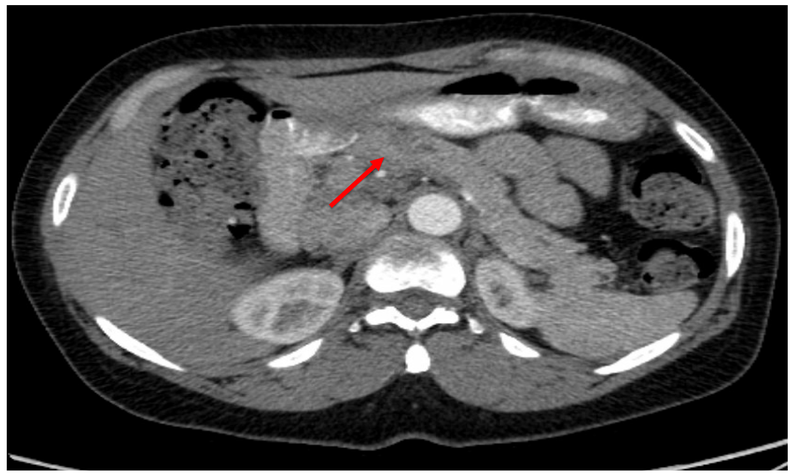

Figure 1. CT Abdomen demonstrating low-density lesion in the body of the pancreas.

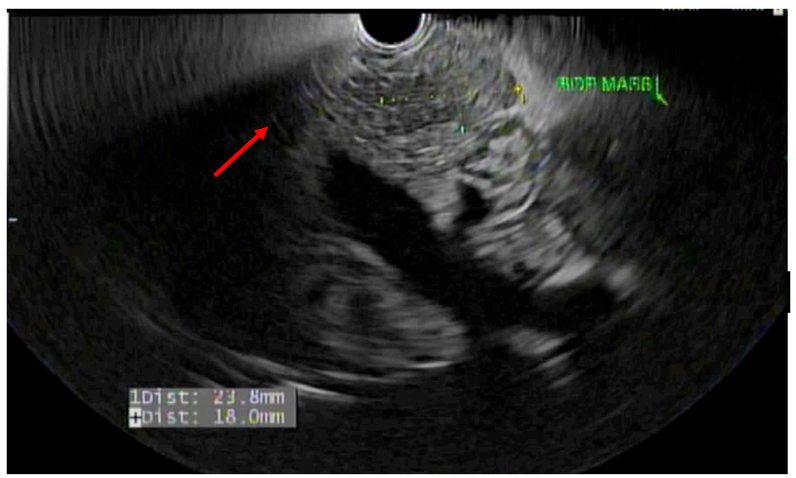

Figure 2. Endoscopic Ultrasound image demonstrating a poorly-defined mass within pancreatic body.

REFERENCES:

1. Khangura T, Uddin G, Davies A, Keating J: A rare variant of pancreatic sarcoidosis: diagnostic challenge. Euroasian J Hepatogastroenterol. 2015.

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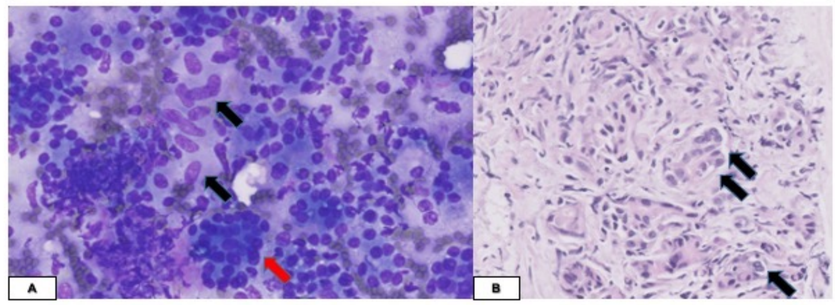
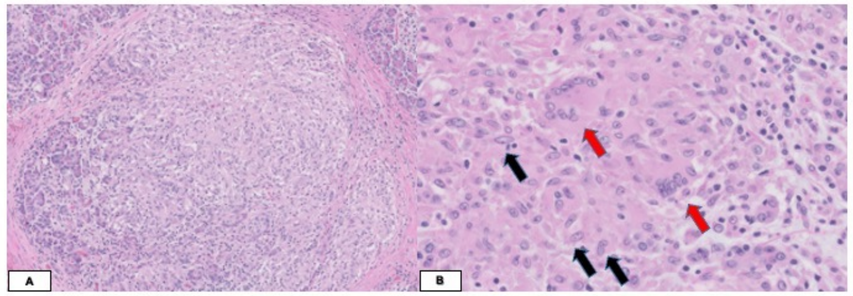
HISTOPATHOLOGY



A. (Diff quick 40x) showing epithelioid histocytes forming a granuloma (black arrows) and reactive ductal cells (red arrow).
B. (Cell block 40x) showing reactive atypical ductal cells (black arrows) in a histocytic background.

Figure 3. Pathology from Fine Needle Aspiration of the Pancreatic Body Mass from EUS.



A. (H&E 10x) showing a well formed non-necrotizing granuloma with multinucleated giant cells.
B. (H&E 40x) showing the granuloma consisting of epithelioid histiocytes (black arrows) and multinucleated giant cells (red arrows).

Figure 4. Pathology from Surgical Resection

DISCUSSION

- Pancreatic sarcoidosis is a rare disease that may present similarly to pancreatic malignancies. PS is observed in about 26% of patients with bilateral hilar adenopathy and pancreatic masses. PS can be considered as a more likely cause of an incidence pancreatic mass versus a pancreatic adenocarcinoma
- It is rare to have features of pancreatic adenocarcinoma on FNA and imaging in PS. Therefore, it remains imperative to consider PS as a differential diagnosis for pancreatic masses in patients with sarcoidosis