A Rare Case of Symptomatic Lymphoepithelial Cyst of the Pancreas



James Rock, DO¹, Christina DiMaria, DO², Marcia Mitre, MD²

¹Medicine Institute; ²Division of Gastroenterology and Hepatology, Allegheny Health Network, Pittsburgh, PA

Introduction

Lymphoproliferative cysts (LEC) of the pancreas are rare, nonmalignant cysts. LECs of the pancreas are true pancreatic cysts as defined by their squamous epithelium lining, while being surrounded by mature lymphoid tissue. These cysts can be very difficult to differentiate from other pancreatic cysts or neoplasms on imaging. Patients with LEC cysts will typically present with nausea, vomiting, abdominal pain, unintentional weight loss, and diarrhea as the cyst grows. In 2013, there were 109 documented cases of LEC cysts in the literature (1). Here, we describe a patient presenting with a LEC of the pancreas.

Case Description

A 60-year-old male with past medical history of hyperlipidemia and type 2 diabetes mellitus presented with a chief complaint of left sided abdominal pain for three months and a 30-pound unintentional weight loss. (A.) Computed tomography revealed a cystic pancreatic tail mass 8.2 cm by 6.0 cm by 4.9 cm. No biliary dilation was noted. Magnetic resonance imaging nine days later revealed a 7.1 cm by 6.7 cm by 5.3 cm heterogenous pancreatic tail mass. (B.) On endoscopic ultrasound, there was an irregular, hypoechoic, heterogenous mass identified in the pancreatic tail which was biopsied using a trans-gastric approach (C.) Biopsy of the mass showed keratinous debris, fibrotic tissue, and focal mucin. There were noted strips of epithelial squamous cells with lymphocytes. This lesion was diagnosed as a lymphoepithelial cyst of the pancreas.

Discussion

This case was discussed at a multi-disciplinary pancreas conference and surgical resection was advised for symptomatic management. LEC's are extremely rare pancreatic lesions which predominantly occur in men. Imaging alone is not adequate for a diagnosis. In this patient, diagnosis was confirmed with endoscopic ultrasound guided biopsy and tissue confirmation.

References

1. Arumugam P, Fletcher N, Kyriakides C, Mears L, Kocher HM. Lymphoepithelial Cyst of the Pancreas. *Case Rep Gastroenterol*. 2016;10(1):181-192. Published 2016 May 19. doi:10.1159/000445373



(A.) CT Scan revealing pancreatic tail mass 8.2 cm by 6.0 cm by 4.9 cm



(B.) EU: Hypoechoic, heterogenous mass identified in the pancreatic tail, which was biopsied using a trans-gastric approach



(C.) Pap stain, 10X: Squamous epithelium (center), frequent lymphocytes, and dead, sloughed off squamous epithelium (orange and blue background debris).