

Giant Mucinous Cystic Neoplasm of the Pancreas in a 17-year-old: A Case Report

INTRODUCTION

Mucinous cystic neoplasms (MCNs) of the pancreas represent one of the most common primary pancreatic cystic neoplasms, accounting for approximately half of all cases¹. The probability of pancreatic cystic neoplasms being detected is raising year by year², although they are usually detected between ages 40-60, affecting women more than men³. We present an unusual case of a gigantic MCN occurring in a 17-year-old patient.

CASE DESCRIPTION

A 17-year-old female with no past medical history presented to the ER with 3-month history of progressive abdominal distention, pain and an unintentional 9lb weight loss for a month. Social history revealed the patient was a boxer and she had received abdominal trauma as part of a fight in the past. She was hemodynamically compensated, with physical exam significant for epigastric tenderness.

Hemoglobin/hematocrit was noted at 6.2/24, lipase 221. CT abdomen and pelvis without contrast revealed a large cystic mass in the pancreas, with marked splenomegaly.



Image 1. Coronal view on CT scan of the mass.

CASE CONTINUED

MRI of the abdomen w/w/o contrast confirmed the presence of a large, complex, cystic structure with septations measuring 18x17 cm. EUS with FNA of the mass resulted in aspiration of 100 cc of clear, mucoid fluid. Analysis of the aspirate revealed amylase of 8 U/L, glucose 27 mg/dL, and a CA19-9 level of 25,960 IU, raising concern for mucinous cystic neoplasm.

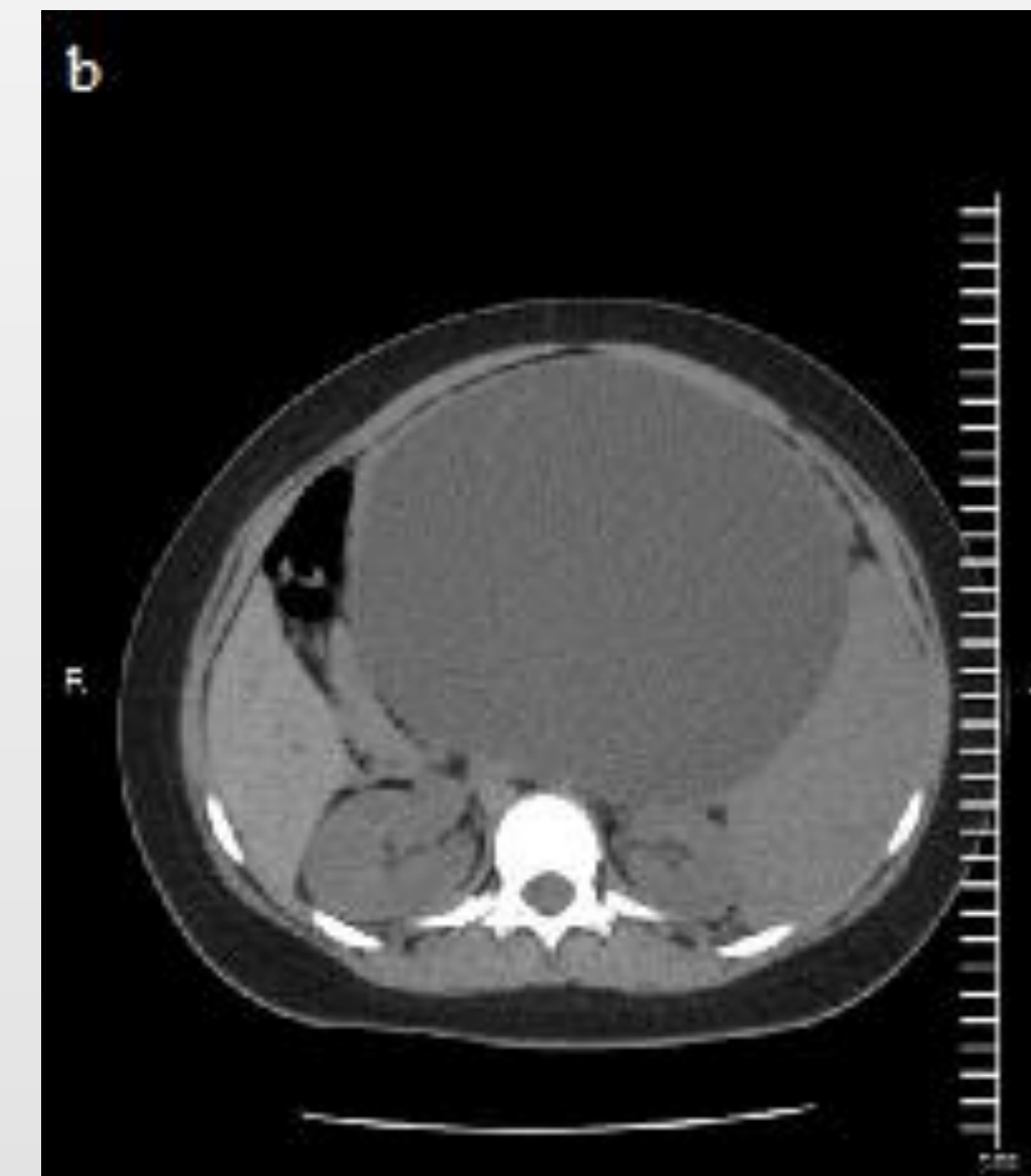


Image 2. axial view on CT scan of the mass

She successfully underwent open resection of the mass which measured 20cm, with distal pancreatectomy and splenectomy. Pathology of the mass revealed a mucinous cystic neoplasm with low-grade dysplasia. The patient recovered and was discharged home. She reported significant improvement at a follow up in clinic 2 months later.



Image 3. mucoid like aspirate of the mass

CASE CONTINUED



Image 4. EUS demonstrating multiple septations of the giant mass

DISCUSSION

Giant MCN of the pancreas is described in the literature⁴ but has not been observed at such a young age. The incidence of detection of pancreatic cystic lesions increases year by year and is thought to be due to better imaging modalities detecting incidental lesions. MCN over 10 cm is rare⁴, and is typically symptomatic with abdominal fullness and distention, less commonly with weight loss as in our patient. Prognosis is excellent, with an overall survival rate nearing 100% in the absence of invasive carcinoma. To our knowledge, this is the youngest reported patient with symptomatic MCN.

REFERENCES

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