An Uncommon Case of Smoldering Pancreatitis

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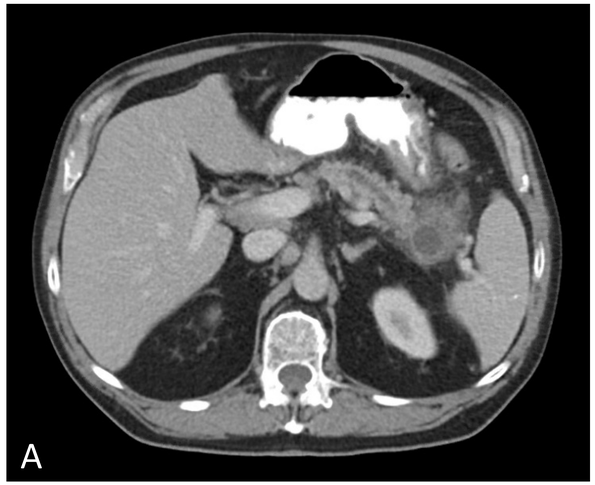
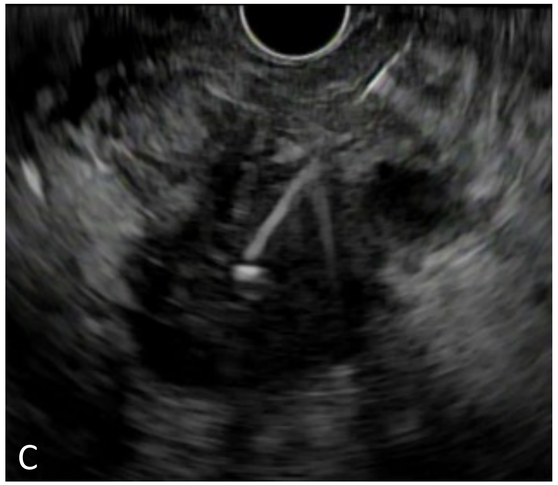
Introduction

- Smoldering pancreatitis represents a difficult entity to treat.
- Pancreatic malignancy constitutes one the main differentials for this entity.
- Imaging and endoscopic ultrasound (EUS) in this setting have significant limitations due to the presence of inflammation especially with small tumors.

Case Presentation

- History of present illness:
  - 69-year-old male with a history of alcohol abuse, and tobacco use, presented to the ED with epigastric pain and early satiety.
- Laboratory Data:
  - Lipase 1644, Triglyceride 86, ALT 31, AST 21 , ALP 192, Total bilirubin 0.5
- Imaging:
  - CT and MRI Abdomen w/ and w/o contrast – pancreatic fat stranding with a 2.3 x 2.1 cm pancreatic tail cyst
- EUS:
  - Extremely limited visibility given inflammatory changes. Main pancreatic duct dilation was noted but no clear mass was identified. FNA of pseudocyst was performed as well as FNBx of portal lymph nodes.
- Findings
  - Serological analysis of aspirate revealed CEA 25 ng/ml and amylase 3250 units/L both suggestive of a pseudocyst
  - Histological analysis of portal lymph node biopsy revealed inflammatory changes





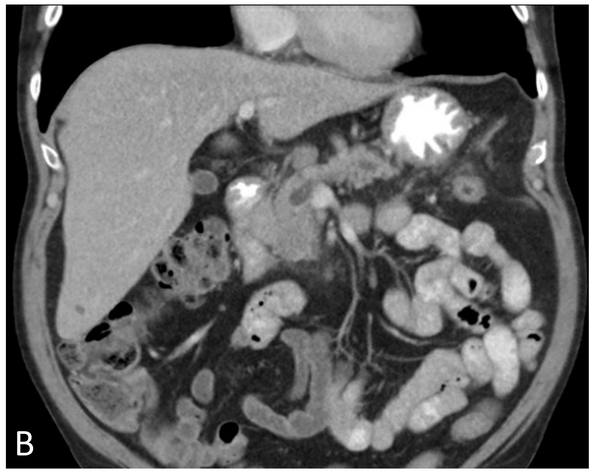


Figure A:
CT Abdomen and Pelvis w/ contrast revealing inflammatory changes with a cystic pancreatic tail lesion

Figure B:
CT Abdomen and Pelvis w/ contrast revealing a head of pancreas mass with upstream pancreatic duct dilation

Figure C:
EUS guided FNBx of the head of pancreas lesion

Clinical Course

- Over the course of a few months, the patients clinical course continued to deteriorate with non-resolving smoldering pancreatitis symptoms and greater than 80 lb. weight loss
- Repeat CT Abdomen/pelvis was significant for a new 2.7 x 2.1 cm lesion of the head of the pancreas
- EUS was repeated and revealed a 3.2 cm x 2.9 cm hypoechoic mass in the head of the pancreas with upstream 13 mm pancreatic ductal dilation, significant parenchymal atrophy as well as an enlarged porta hepatis lymph node
- FNBx were obtained and were sent for analysis at a tertiary care center. Pathological analysis revealed chronic inflammation with necrohistiocytic debris and atypical cells
- Surgical Oncology was consulted, and a Whipple was performed
- Pathological analysis revealed a poorly differentiated, invasive pancreatic carcinoma with histiocytoid features that extensively involved 6/16 regional lymph nodes

Discussion

- We describe a case of smoldering pancreatitis
- The persistence of pancreatitis severely limited imaging
- In retrospect, the pseudocyst in the pancreatic tail likely represented a dilated side branch due to obstruction in the pancreatic head
- As far as we are aware, this represents the first case of poorly differentiated, invasive pancreatic carcinoma with histiocytoid features.
- A multidisciplinary approach is key in tackling such difficult cases