

A case of annular pancreas with malignant IPMN

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INTRODUCTION

Annular pancreas is an uncommon congenital malformation. The combination of an annular pancreas with a pancreatic malignancy is extremely rare. Here, we report a rare case of annular pancreas with malignant intraductal papillary mucinous neoplasm (IPMN).

CASE

A 82-year-old man was admitted to our hospital with one-month history of jaundice. The patient had a history of hypertension and diabetes. He had icteric sclera abdomen pain with Murphy's sign.

In laboratory test, total bilirubin was 24.84 mg/dl, aspartate aminotransferase 45 IU/L, alanine aminotransferase 76 IU/L, alkaline phosphatase 878 U/L, gamma-glutamyl transpeptidase 387 U/L, amylase 105 U/L and lipase 109.33 IU/L.

Abdominal CT (Fig. a) and MRI with MRCP (magnetic resonance cholangiopancreatography) (Fig. b) showed a huge IPMN (6 cm sized multi-locular mass) with high risk stigmata in pancreas head, causing extra hepatic biliary obstruction and coincidentally suspicious annular pancreas.

ERCP (endoscopic retrograde cholangiopancreatography) (Fig. c) revealed that widened ampullary orifice was discharging much mucin and

confirmed that encircling ventral annular pancreatic duct (diameter 7mm) was connected to dorsal pancreatic duct using guidewire and contrast dyes. It showed long-segmental stricture (length 42mm) at the distal bile duct and a biliary plastic stent was inserted after minimal endoscopic sphincterotomy and biopsies at the bile duct stricture.

The biopsy result was negative for malignancy, and the brush cytology was performed in the next ERCP session. The brush cytology demonstrated a cluster of malignant glandular cells with nuclear overlapping, nuclear membrane irregularity and loss of polarity. Because of both old age and poor general condition, the patient did not want any treatment. 20 days later, he died 2 months after with progression of cancer, renal failure and sepsis.

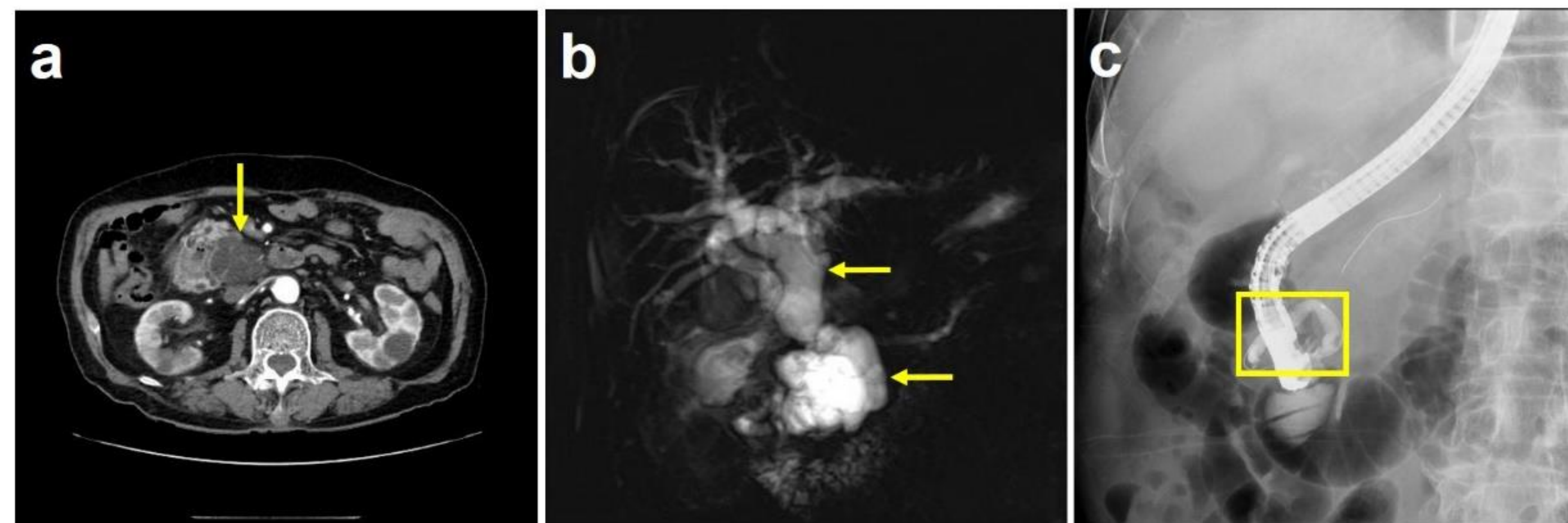


Fig. (a) Abdomen CT : Arrow indicates a huge IPMN (6 cm sized multi-locular mass) at pancreatic head. (b) Abdominal MRI with MRCP. The upper arrow indicates a diffuse common bile duct dilatation. And the lower arrow indicates a suspicious annular pancreas. (c) Endoscopic retrograde cholangiopancreatography Encircling ventral annular pancreatic duct (diameter 7mm) was connected to dorsal pancreatic duct using guidewire and contrast dyes.

DISCUSSION

In conclusion, the possibility of coexisting pancreatobiliary disease or malignancy should be considered in adult patients with an annular pancreas although it is extremely rare.