

# Isolated Primary Pancreatic Sarcoidosis Masquerading As Adenocarcinoma: A Case Report

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## Introduction

- Sarcoidosis is a multisystem, idiopathic disease characterized by granulomatous inflammation
- Symptomatic involvement of the GI tract occurs in less than 1% of cases, and of those, the stomach is most commonly involved. Pancreatic involvement is exceedingly rare
- The diagnosis of pancreatic sarcoidosis remains difficult, as pancreatic involvement may manifest as direct invasion of the organ, obstruction of the pancreatic or biliary ducts, or as a mimicker of pancreatic adenocarcinoma
- Here we present a rare case of suspected pancreatic malignancy revealed as pancreatic sarcoid after surgical resection, in a patient without known history of sarcoidosis

## Case Report

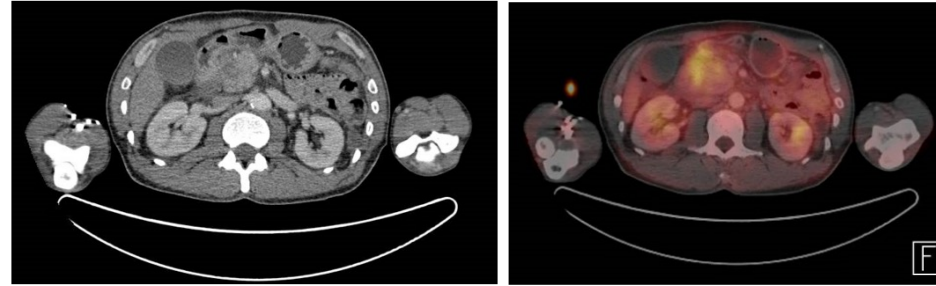


Figure 1: (a) CT scan with 2.6 cm mass-like lesion with infiltrative margins in the pancreatic head and uncinate process with mild biliary and pancreatic ductal dilation. (b) Lesion in the pancreatic head with mild FDG uptake

## Discussion

- Pancreatic involvement in sarcoidosis can manifest in many ways, including mimicking pancreatic adenocarcinoma
- A high clinical suspicion is necessary to consider sarcoidosis in this setting
- Our case was particularly interesting in that he had no other clinical manifestations of sarcoidosis, however PET scan was concerning for malignancy. This created a difficult clinical circumstance
- Ultimately, patient underwent Whipple procedure with relief of symptoms, and a situationally fortunate diagnosis of sarcoidosis

## Case Report

- A 50-year-old M with no known past medical history presented to the GI clinic reporting 3-4 years of epigastric pain radiating to the back with associated 30-pound weight loss
- Ct demonstrated a 2.6 mass-like lesion with infiltrative margins in the pancreatic head and uncinate process with mild biliary and pancreatic ductal dilation, highly suspicious for pancreatic adenocarcinoma
- He twice underwent EUS which each revealed biliary dilatation with a mass in the head of the pancreas, with pathology showing chronic inflammation
- Follow up PET scan, however, revealed a lesion in the pancreatic head that had mild FDG uptake; again suspicious for malignancy

## Clinical Course

- After multidisciplinary discussion, patient underwent Whipple procedure without complication
- Pathology was fortunately negative for malignancy, however revealed granulomatous inflammation in the pancreas, with several lymph nodes of the pancreas, bile duct, and liver demonstrating granulomatous inflammation. Findings suggestive of sarcoidosis
- Patient was established with Rheumatology and started on Prednisone with clinical improvement
- At follow up, patient had no evident additional manifestations of sarcoidosis

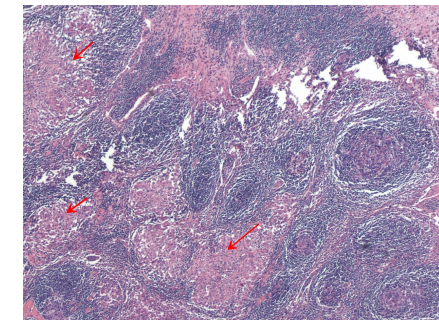


Figure 2: Pathology slide revealing Non necrotizing granulomas within a peripancreatic lymph node

## References

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