

Reactive Lymphoid Hyperplasia of the Pancreas

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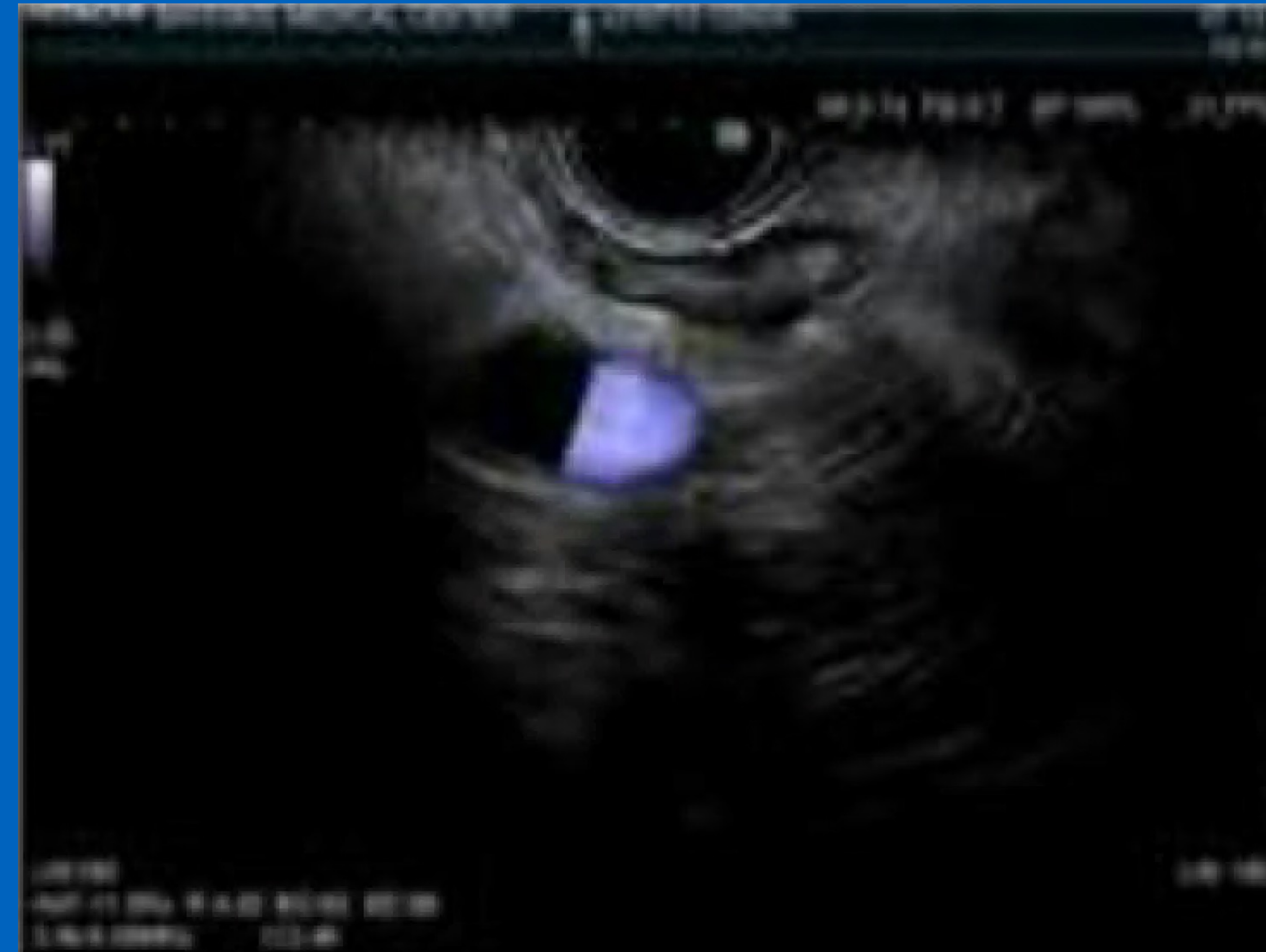
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Introduction

- Reactive lymphoid hyperplasia (RLH) refers to a benign, nodular mass that is characterized histologically as proliferation of non-neoplastic lymphocytes forming follicles and germinal centers.
- It can be found in the skin, orbit, lung, stomach, and liver.
- RLH of the pancreas is extremely rare with only a few cases reported in the literature.

Case Description

- A 72-year-old woman with history of tobacco use and pulmonary nodules underwent a computed tomography (CT) chest for routine nodule surveillance.
- It revealed interval enlargement of the nodules, suspicious for malignant transformation.
- A follow up positron emission tomography (PET) scan revealed focal increased Fludeoxyglucose F18 (FDG) uptake within not only the pulmonary nodules but also a small nodular pancreatic neck lesion.
- Magnetic resonance imaging (MRI) of the abdomen subsequently showed a 2.8 x 1.0 cm mass at the level of the pancreatic neck concerning for primary pancreatic neoplasm.



Endoscopic ultrasound revealed an oblong, hypoechoic, slightly heterogeneous, well-circumscribed mass which measured 1.2 x 0.8 cm sonographically in the neck of the pancreas

Case Description

- Endoscopic ultrasound (EUS) with needle biopsy was requested.
- EUS revealed an oblong, hypoechoic, slightly heterogeneous, well-circumscribed mass which measured 1.2 x 0.8 cm sonographically in the neck of the pancreas.
- There was no nearby adenopathy or celiac plexus adenopathy. The overall appearance was not felt to be typical of pancreatic adenocarcinoma but more consistent with intrapancreatic lymphadenopathy or possibly a neuroendocrine tumor.
- A transgastric needle biopsy was performed with a good tissue specimen retrieved.
- The specimen consisted primarily of small lymphocytes and immunohistochemical studies were consistent with lymphoid cells with the majority being T cells with a smaller subset of B cells, favoring a reactive lymph node.
- The patient was informed that her pancreatic lesion was a benign lymph node in the pancreas.

Discussion

- The pathophysiology of RLH is not well studied.
- An autoimmune or immune reaction to gastrointestinal malignancy has been suggested.
- RLH is largely considered a benign condition. Spontaneous regression in the liver and lungs has been observed.
- Fine needle aspiration-guided biopsy with immunophenotyping is helpful in distinguishing RLH from other pancreatic neoplasms, particularly primary pancreatic lymphoma given their shared radiologic features.
- RLH of the pancreas is generally managed conservatively given its benign nature.
- Clinicians should consider RLH in the differential diagnosis of hypoechoic lesions located in the pancreas.