A Diagnostically Challenging Case of Primary Pancreatic Lymphoma

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Background

- Primary pancreatic lymphoma (PPL), the rare entity of lymphoma developing primarily in the pancreas, makes up 0.5% of all pancreatic masses [1].
- We report a difficult case of a rapidly growing pancreatic mass, found to be PPL.

Case Description

- A 48-year-old female with history of tobacco use presented with several months of cramping abdominal pain following COVID-19 infection.
- Abdominal ultrasound revealed a 2.8 x 1.9 x 3 cm cystic mass of the pancreatic head, most congruent with a pseudocyst.
- Her mass doubled in size 1 month later.
- Endoscopic ultrasound (EUS) with fine needle aspiration (FNA) was only notable for cystic contents.
- The mass grew further and encased the celiac axis.
- Repeat EUS with FNA redemonstrated cystic contents.
- An ultrasound-guided core needle biopsy revealed a CD30 positive necrotic B-cell lymphoma.
- A left groin lymph node biopsy was notable for a high-grade follicular lymphoma.
- PET scan confirmed a diagnosis of Stage IV PPL.
- She was started on R-CHOP.
- Her clinical course was complicated by the formation and rupture of a splenic artery pseudoaneurysm, gastrointestinal bleeding, anuric kidney injury, and intestinal ischemia.
- She ultimately transitioned to comfort care.

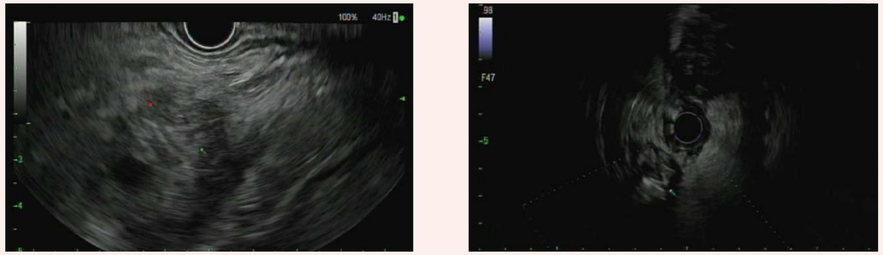

Figure 1: Endoscopic ultrasound of pancreatic head mass.

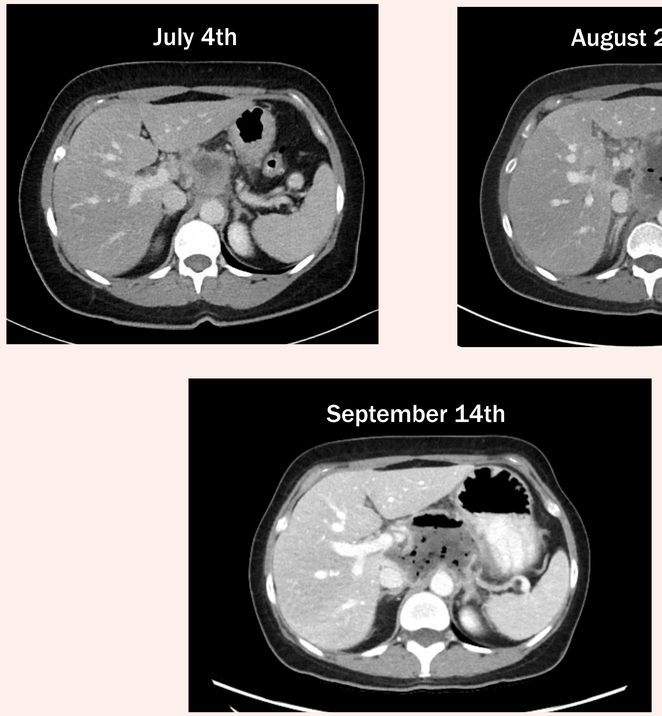

Figure 2: CT imaging showing progression of pancreatic mass over 3 months.

Discussion

- Clinical presentation of PPL is vague and may include abdominal pain, B-symptoms, and signs of biliary or bowel obstruction.
- Labs are commonly unremarkable [1].
- Workup begins from identification on imaging and requires tissue sampling through either EUS with FNA or percutaneous biopsy.
- The WHO has outlined diagnostic criteria:
  1. Majority of tumor burden is localized to pancreas.
  2. Existing nearby and distant lymph node involvement should be secondary to pancreatic presentation.
- Histology is most commonly diffuse large B-cell lymphoma [1].
- While this case highlights the challenges of diagnosing PPL, it also emphasizes the important clue of a rapidly enlarging pancreatic mass.

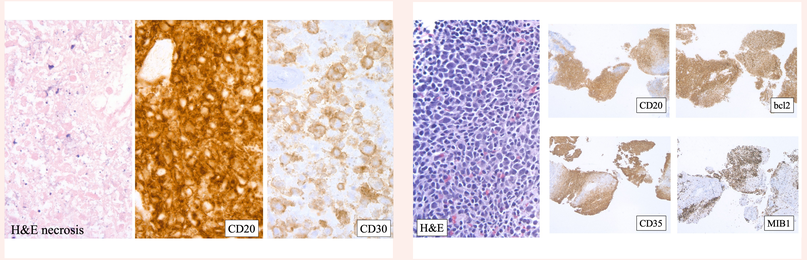

Figure 3: Pathology specimens remarkable for: necrotic CD30+ B-cell lymphoma of the pancreas head (left) and high-grade follicular lymphoma of the lymph node (right)

References

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