

# Cystic Disguise, Cancerous Surprise: A Rare Case of Pancreatic Lymphoma

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## Introduction

- Pancreatic malignancy is the fourth leading cause of cancer-related deaths in the U.S.
- Adenocarcinoma is most common; however, other rare subtypes exist including primary pancreatic lymphoma (PPL).

## Case

- A 49-year-old female presented with a 3-month history of burning abdominal pain worsened with eating.
- Labs were significant for cholestatic injury with AST 72 U/L, ALT 116 U/L, ALP 836 U/L, total bilirubin 0.7 mg/dL.
- CT revealed a cystic mass of the pancreatic head and duodenum with nearby lymphadenopathy.
- Subsequent endoscopic ultrasound confirmed the cystic lesion with evidence of hemorrhagic and solid components.
- Fine needle aspiration (FNA) of cyst revealed inflammatory findings with otherwise benign glandular cells.

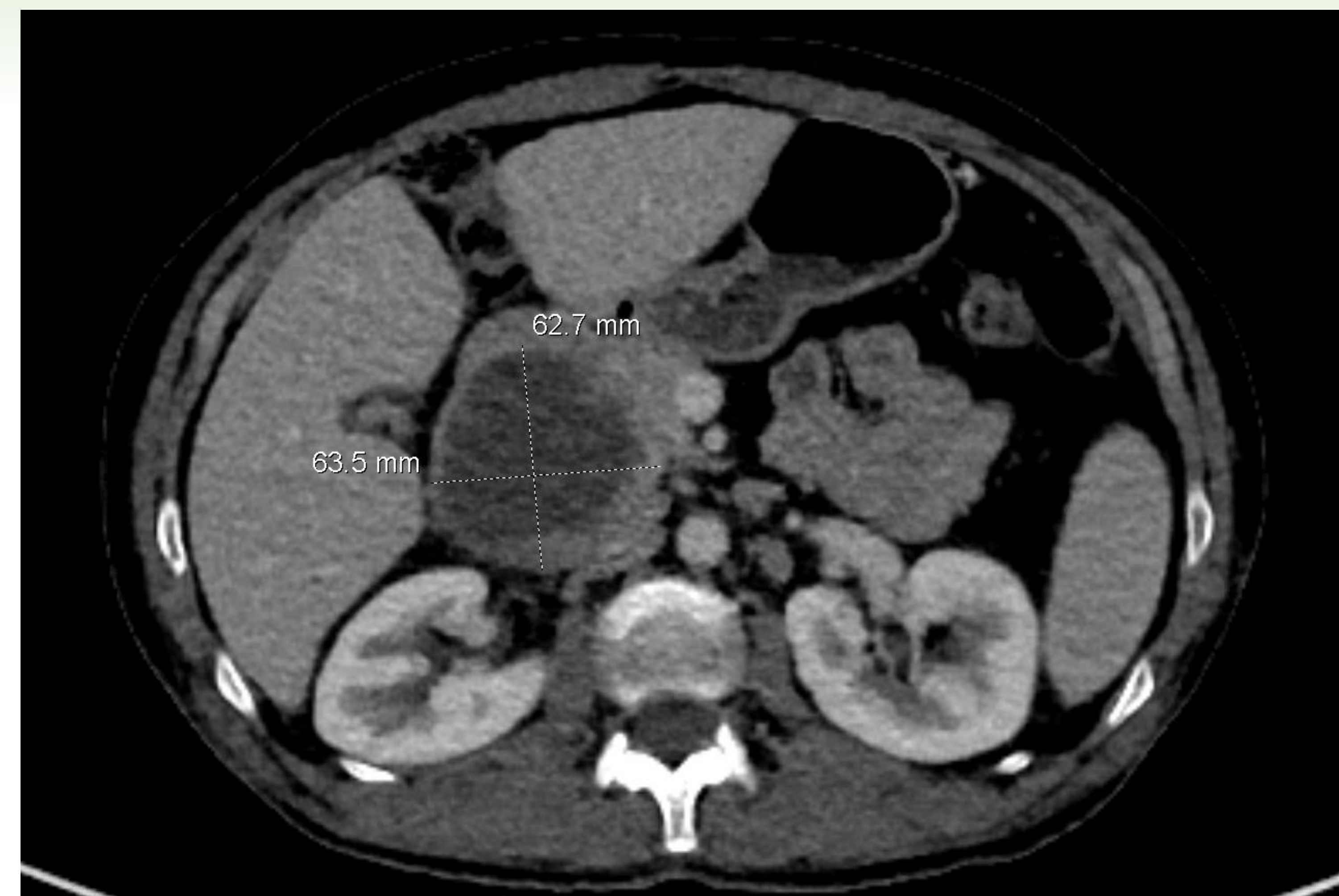


Figure 1: Large cystic-appearing mass in region of pancreatic head, with prominent adjacent lymph nodes concerning for more aggressive lesion.

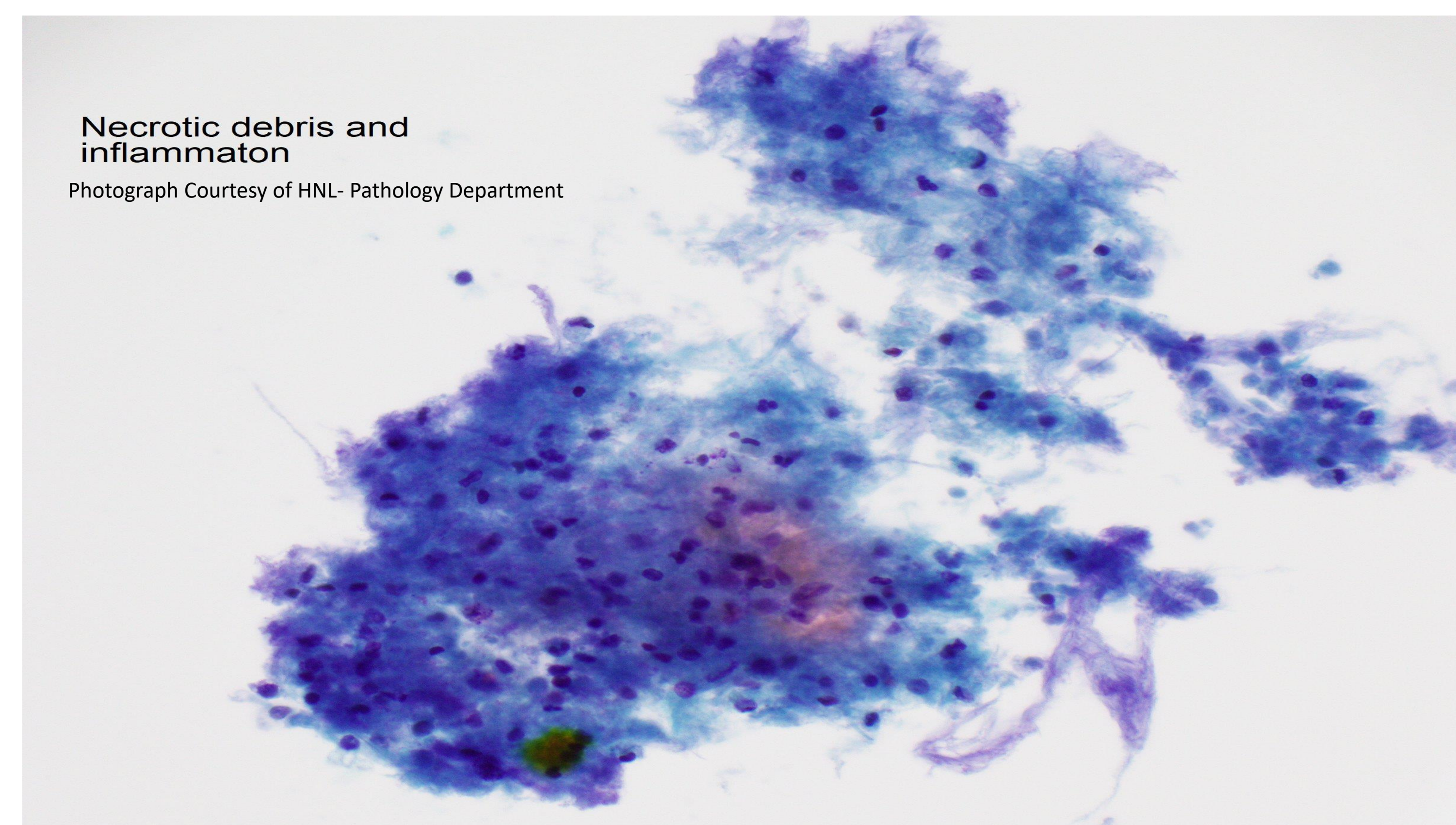


Figure 2: FNA of pancreatic head cyst fluid suggestive of pancreatic pseudocyst.

## Outcomes

- Exploratory laparotomy revealed necrotic portal lymph node with cystic degeneration which was subsequently excised.
- Histology revealed patches of large sized abnormal lymphoid cells displaying irregular nuclear contours. Abnormal cells stained positive for CD20 and PAX5. Ultimately, diagnosis of diffuse B-cell lymphoma was made.
- Patient was referred to oncology and started on R-CHOP therapy with curative intent.

## Discussion

- PPL accounts for less than 0.5% of pancreatic malignancies.
- Diagnostic challenges arise from nonspecific clinical manifestations and imaging findings, making histopathologic differentiation crucial for diagnosis.

## Conclusion

- Due to differences in management and more favorable prognosis, it is important for clinicians to consider PPL as part of differential for pancreatic lesions.

## References

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