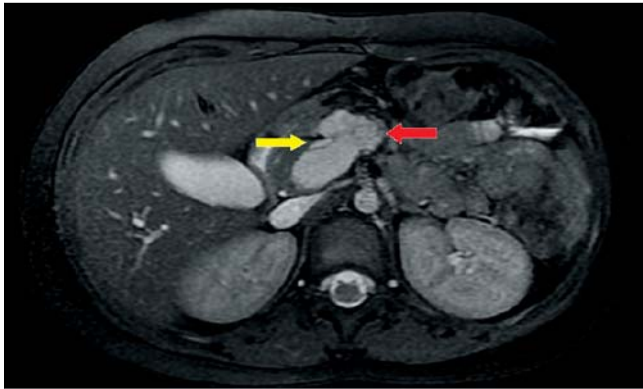
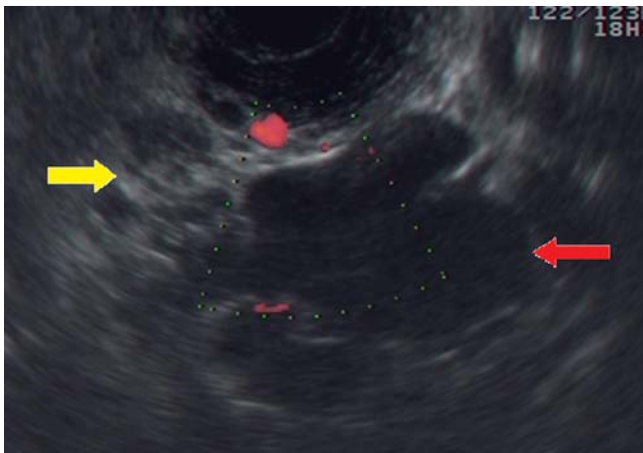


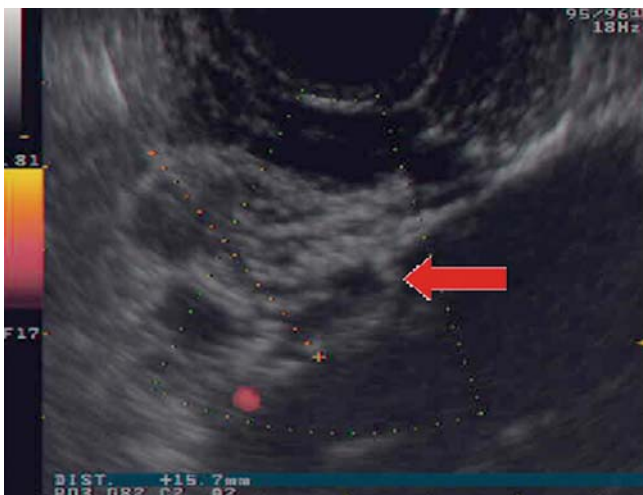
## Pancreatic cystic lymphangioma in a 6-year-old girl, diagnosed by endoscopic ultrasound (EUS) fine needle aspiration



**Fig. 1** Magnetic resonance (MR) image of the pancreatic cystic lesion (yellow arrow, mesenteric vein; red arrow, suspected solid area).



**Fig. 2** Endoscopic ultrasound (EUS) view of the pancreatic cystic lesion (yellow arrow, microcystic area; red arrow, macrocystic area).



**Fig. 3** Endoscopic ultrasound (EUS) view of the microcystic area (arrow).

Pancreatic cystic lesions are challenging clinically because they represent a spectrum of different lesions, ranging from benign to malignant. At times, the final diagnosis is made only at surgery. We report a final diagnosis of a pancreatic cystic lymphangioma, made using endoscopic ultrasound fine needle aspiration (EUS-FNA) in a young girl, with cytological examination and measurement of the level of triglycerides in the intracystic fluid.

A 6-year-old girl showed evidence of a pancreatic head cystic lesion on transabdominal ultrasonography. Magnetic resonance imaging (MRI) showed a multilobular cystic lesion, with an inverted C shape, around the splenomesenteric confluence (● **Fig. 1**).

The MRI also showed a small, irregular area, which was suspected of being a solid component within the lesion. Endosonography with linear array showed a micro-macrocytic lesion, 4 cm in diameter, in the pancreatic head and uncinate process (● **Figs. 2, 3**).

No solid mass was seen. EUS-FNA with a 22 G needle was carried out to evacuate the lesion. The intracystic fluid appeared milky and viscous (● **Fig. 4**).

Intracystic fluid analysis showed amylase/lipase 200/1720 U/L, carcinoembryonic antigen (CEA) 0.2 ng/mL, and triglycerides 10570 mg/dL. Cytology showed normal lymphocytes. The final diagnosis was pancreatic cystic lymphangioma. Abdominal ultrasound confirmed the presence of an unchanged lesion at 1 year follow-up and the patient remains asymptomatic.

Cystic lymphangioma of the pancreas is an extremely rare, benign tumor of lymphatic origin [1,2]. Possible locations are in the retroperitoneum, within or outside the pancreas [3]. Histologically, it appears as a polycystic lesion, with the cysts separated by thin septa, and lined with endothelial cells. It can be difficult to distinguish this lesion from other pancreatic cystic lesions. A final diagnosis is often achievable only by histopathological examination of the resected lesion [1–3]. In cases of pancreatic cystic lymphangioma, EUS-FNA with cytological examination and measurement of the level of triglycerides in the intracystic fluid can provide a safe and accurate diagnosis [4,5].



**Fig. 4** The intracystic fluid.

### Bibliography

**DOI** 10.1055/s-0030-1256079

Endoscopy 2011; 43: E61 – E62

© Georg Thieme Verlag KG Stuttgart · New York ·  
ISSN 0013-726X

### Corresponding author

**Dr. L. Barresi**

Gastroenterology and Endoscopy Unit

ISMETT

Via Tricomi 1

Palermo

Italy

Fax: +39-091-2192288

lbarresi@ismett.edu

Endoscopy\_UCTN\_Code\_CCL\_1AF\_2AZ\_3AD

**Competing interests:** None

**L. Barresi<sup>1</sup>, I. Tarantino<sup>1</sup>, G. Curcio<sup>1</sup>,  
F. Moccia<sup>1</sup>, P. Catalano<sup>2</sup>, M. Spada<sup>2</sup>,  
M. Traina<sup>1</sup>**

<sup>1</sup> Gastroenterology and Endoscopy Unit,  
ISMETT, Palermo, Italy

<sup>2</sup> Pediatric Surgery and Transplantation  
Department, ISMETT, Palermo, Italy

### References

- 1 Colovic RB, Grubor NM, Micev MT *et al*. Cystic lymphangioma of the pancreas. *World J Gastroenterol* 2008; 14: 6873 – 6875
- 2 Lyngdoh TS, Konsam R, Th B, Marak B. Giant cystic lymphangioma of pancreas. *ANZ J Surg* 2008; 78: 673 – 674
- 3 Yüceyar S, Kapan M, Özben V *et al*. Pancreatic cystic lymphangioma: Report of a case. *Turk J Gastroenterol* 2009; 20: 228 – 230
- 4 Applebaum B, Cunningham JT. Two cases of cystic lymphangioma of the pancreas: a rare finding in endoscopic ultrasonography. *Endoscopy* 2006; 38: E24 – E25
- 5 Dries AM, McDermott J. Diagnosis of cystic lymphangioma of the pancreas with endoscopic ultrasound-guided fine needle aspiration. *Am J Gastroenterol* 2008; 103: 1049 – 1050