Pancreatic tuberculosis presenting as an unusual head mass

A 28-year-old man presented with upper abdominal pain accompanied by loss of appetite and weight. The clinical examination was unremarkable. His laboratory investigations revealed serum alkaline phosphatase of 260 IU/l (normal range: 42–126 U/L) with normal serum bilirubin. Ultrasound of the abdomen showed a well-defined hypoechoic mass, measuring 3 cm, in the head and body region of the pancreas and a nondilated common bile duct and pancreatic duct. Integrated positron emission tomography (PET)-computed tomography (CT) had similar findings with the mass showing intense 18F-fluorodeoxyglucose (FDG) uptake (standardized uptake value [SUV] value of 15.7) and invading the common hepatic artery as well as the superior mesenteric vein (Fig. 1). The peripancreatic and pre-caval lymph nodes were also enlarged and showed intense FDG uptake. Endoscopic ultrasound (EUS) also had similar findings, with infiltration of the major vessels by the mass (Fig. 2). Following EUS-guided fine-needle aspiration from the mass, cytological analysis revealed granulomatous inflammation with negative staining for acid-fast bacilli (AFB) (Fig. 3). The patient started four-drug antitubercular therapy (ATT) and showed a marked improvement in symptoms. After 6 weeks of ATT he is asymptomatic with a normal appetite and complete resolution of abdominal pain.

Isolated pancreatic tuberculosis is very rare, closely mimicking pancreatic cancer both clinically as well as radiologically [1, 2]. It usually presents as a mass lesion in the head of the pancreas and mimics a resectable pancreatic cancer with no vascular involvement; therefore many patients have been diagnosed with pancreatic...
tuberculosis following Whipple resection [3]. Pancreatic tuberculosis causing local vascular invasion has been very rarely reported and our literature search did not reveal any reports of arterial involvement in pancreatic tuberculosis [4].

Endoscopy_UCTN_Code_CCL_1AZ_2AI

Competing interests: None

S. S. Rana1, V. Chaudhary1, N. Gupta2, S. Sampath3, B. R. Mittal3, D. K. Bhasin1

1 Department of Gastroenterology, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India
2 Department of Cytology, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India
3 Department of Nuclear Medicine, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0033-1344565
Endoscopy 2013; 45: E317–E318
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
S. S. Rana, Dr
Department of Gastroenterology
Post Graduate Institute of Medical Education and Research
Chandigarh – 160012
India
Fax: +91-172-2744401
drsurinderrana@yahoo.co.in

Fig. 2 Endoscopic ultrasound (EUS) showing a well-defined mass lesion in the head of the pancreas.

Fig. 3 Photomicrographs showing a epithelioid-cell granulomas with a cluster of benign ductal epithelial cells (black arrow) and a cluster of pancreatic acinar cells (thick arrow) (Papanicolaou, magnification × 20), and b an epithelioid cell granuloma with a cluster of benign ductal epithelial cells (Papanicolaou, magnification × 40).

Rana SS et al. Pancreatic tuberculosis presenting as an unusual head mass... Endoscopy 2013; 45: E317–E318