Identification of intraductal papillary mucinous neoplasm by esophagastroduodenoscopy

Some reports have described identification of intraductal papillary mucinous neoplasm (IPMN) penetrating to the stomach by esophagastroduodenoscopy (EGD) [1–4]. However, it seems that detecting an IPMN from within a postoperative pancreatogastric fistula is very rare. A 71-year-old man presented with slight fever. He had a history of acute pancreatitis and underwent cystogastrostomy for pancreatic pseudocyst at another institution 8 years earlier. IPMN had not been detected at that time. A detailed examination was carried out, including computed tomography (CT), which revealed a large cystic tumor of the pancreatic head accompanied by a pancreatogastric fistula (Fig. 1). Dilation of the main pancreatic duct was not evident on magnetic resonance cholangiopancreatography (Fig. 2). EGD also showed a fistula on the posterior side of the antrum (Fig. 3). On passing the scope through the fistula a protruding papillary tumor covered with mucus was noted (Fig. 4). Biopsy samples were obtained and histological examination revealed high-grade tubular adenoma. Pancreatoduodenectomy was subsequently carried out and the patient was diagnosed as having branch-type IPMN containing foci of well-differentiated tubular adenocarcinoma (Fig. 5). There was no evidence of local invasion or metastasis.

Competing interests: None

K. Abe1, A. Isono1, T. Ebato1, T. Yamamoto1, T. Ishii1, H. Kita1, Y. Kuyama1, F. Kondo2
1 Department of Internal Medicine, Teikyo University School of Medicine, Tokyo, Japan
2 Department of Pathology, Teikyo University School of Medicine, Tokyo, Japan

References
1 Kobayashi G, Fujita N, Noda Y et al. Study of cases of mucin producing tumors of the pancreas showing penetration of other organs. Jpn J Gastroenterol 1993; 90: 3081–3089

Endoscopy_UCTN_Code_CCL_1AZ_2AB

Fig. 1 Contrast-enhanced computed tomography (CT) in a 71-year-old man with mild fever and a history of acute pancreatitis. There is a large cystic tumor in the head of the pancreas. A pancreatogastric fistula is present within the posterior wall of the stomach.

Fig. 2 Magnetic resonance cholangiopancreatography showing cystic tumor in the head of the pancreas without dilatation of the main pancreatic duct.

Fig. 3 Endoscopic view of the pancreatogastric fistula.

Fig. 4 Endoscopic view of the pancreatogastric fistula.

Fig. 5


**Bibliography**

DOI http://dx.doi.org/10.1055/s-0033-1344587

Endoscopy 2013; 45: E294–E295

© Georg Thieme Verlag KG

Stuttgart · New York

ISSN 0013-726X

**Corresponding author**

K. Abe

Teikyo University School of Medicine

2-11-1 Kaga

Itabashi-ku 173-8606

Tokyo

Japan

Fax: +81-3-53751308

abe@med.teikyo-u.ac.jp

---

Fig. 4  Endoscopic views. a After passage through the fistula. b Tumor after irrigation.

Fig. 5  Histological section of the resected specimen showing a well-differentiated tubular adenocarcinoma.