Identification of intraductal papillary mucinous neoplasm by esophagogastroduodenoscopy

Some reports have described identification of intraductal papillary mucinous neoplasm (IPMN) penetrating to the stomach by esophagogastroduodenoscopy (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 in the head of the pancreas. A pancreatogastric fistula is present within the posterior wall of the stomach.

Endoscopic view of the pancreatogastric fistula.

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.

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

On passing the scope through the fistula a protruding papillary tumor covered with mucus was noted. 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. There was no evidence of local invasion or metastasis.

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


Bibliography
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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.