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 post-operative 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. 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.

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.

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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

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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.