

Identification of intraductal papillary mucinous neoplasm by esophagogastroduodenoscopy

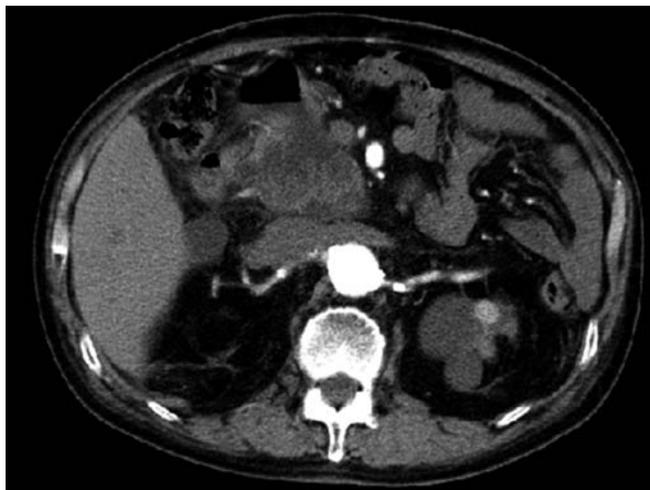


Fig. 1 Contrast-enhanced computed tomography (CT) in a 71-year-old man with mild fever and a history of acute pancreatitis. There is a large cystic tumor in the head of the pancreas. A pancreatogastric fistula is present within the posterior wall of the stomach.

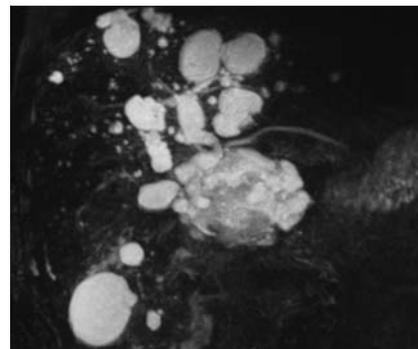


Fig. 2 Magnetic resonance cholangiopancreatography showing cystic tumor in the head of the pancreas without dilatation of the main pancreatic duct.

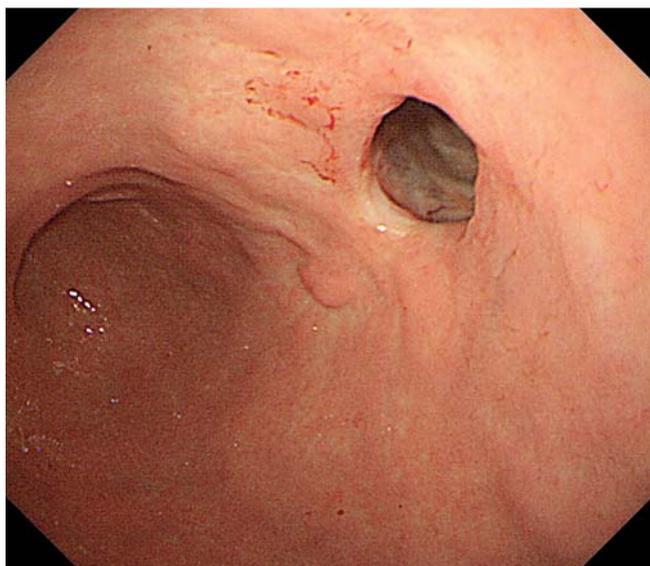


Fig. 3 Endoscopic view of the pancreatogastric fistula.

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 of the pancreatic head accompanied by a pancreatogastric fistula (▶ Fig. 1). Dilatation 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 ob-

tained 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.

Endoscopy_UCTN_Code_CCL_1AZ_2AB

Competing interests: None

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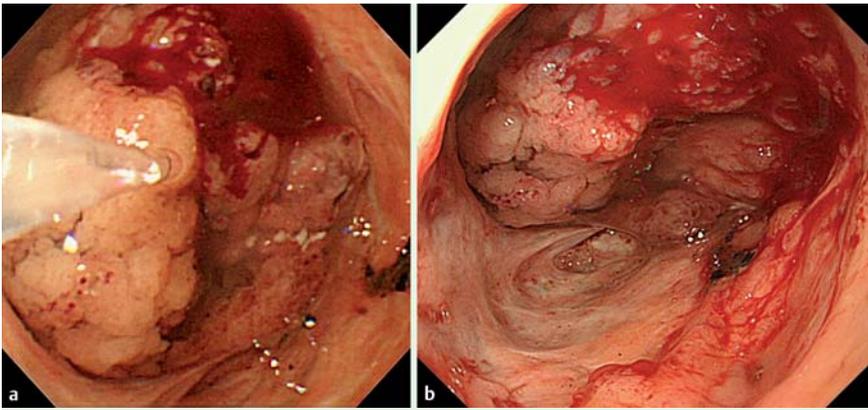


Fig. 4 Endoscopic views. **a** After passage through the fistula. **b** Tumor after irrigation.

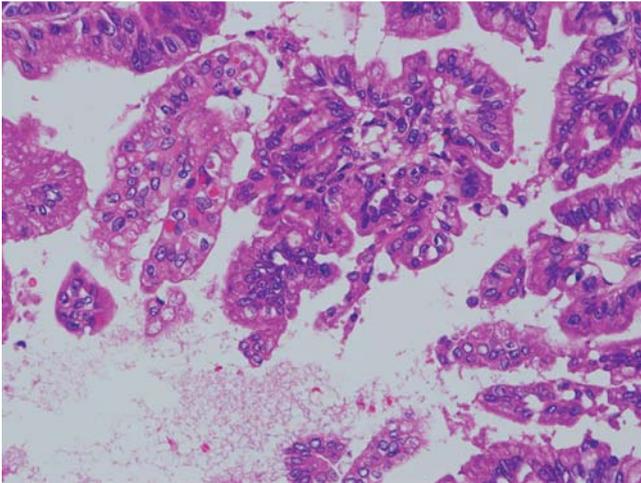


Fig. 5 Histological section of the resected specimen showing a well-differentiated tubular adenocarcinoma.

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Bibliography

DOI <http://dx.doi.org/10.1055/s-0033-1344587>
Endoscopy 2013; 45: E294–E295

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 Stuttgart · New York
 ISSN 0013-726X

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