Pancreatic metastasis of a meningeal hemangiopericytoma: a rare cause of obstructive jaundice

A 52-year-old man presented to the emergency department with jaundice, pale stools, and dark urine for 1 week, having lost 15% of his body weight during the previous month. He was a heavy smoker and drinker. He had been diagnosed 4 months previously with a meningeal hemangiopericytoma that had been surgically resected then treated with cranial external radiotherapy. Laboratory evaluation was remarkable for hyperbilirubinemia (9 mg/dL) and cholestasis (alkaline phosphatase [ALP] 1300 IU/L). Magnetic resonance imaging (MRI) revealed a 25-mm pancreatic head mass and upstream dilatation of the bile ducts but a normal main pancreatic duct (Fig. 1). A second 15-mm mass in the uncinate process was also noted.

The patient underwent an endoscopic ultrasound (EUS) using a linear echoendoscope (UCT 10–140 AL5; Olympus), which revealed a slightly heterogeneous, hypoechoic, ill-defined mass in the pancreatic head from which a fine needle aspiration (FNA) was taken with a 25G needle (Wilson Cook). The second smaller lesion was also visualized in the uncinate process close to the superior mesenteric vein (Fig. 2b).

During the same session, endoscopic retrograde cholangiopancreatography (ERCP) was performed as a tandem procedure and a 7-cm long, 7-Fr plastic biliary prosthesis was placed to allow adequate biliary drainage. Evaluation of the cell block cytology was consistent with hemangiopericytoma (Fig. 3). The patient died 2 weeks later from uncontrolled seizures.
Fig. 3  Cytology examination of the pancreatic mass showing: a numerous crowded atypical cells with pleomorphic nuclei (hematoxylin and eosin [H&E] stain; magnification × 300); b positive staining for CD34; c positive staining for bcl-2.