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. 2a). 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.

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Competing interests: None

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Fig. 1 Magnetic resonance imaging (MRI) in a 52-year-old man with obstructive jaundice and a known meningeal hemangiopericytoma showing biliary duct dilatation, an enlarged gallbladder and a heterogeneous mass in the pancreatic head, which appeared: a, b hypointense on T2-weighted fast-spin echo images (arrows) in coronal and axial views; c hypovascular during the arterial phase of a contrast-enhanced T1-weighted gradient echo image (arrowhead).

Fig. 2 Endoscopic ultrasound (EUS) images showing: a a 21-mm hypoechoic heterogeneous pancreatic head mass which is being sampled by fine needle aspiration (FNA) using a 25G needle; b a smaller 14-mm hypoechoic mass in the uncinate process close to the superior mesenteric vein.
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.