Endoscopic ultrasound diagnosis of a primary hepatoid carcinoma of the pancreas

A 59-year-old man with a history of diabetes mellitus and smoking was referred for the evaluation of weight loss and abdominal discomfort. Abdominal computed tomography revealed mild ascites, multiple liver nodules, hepatic hilar lymphadenopathy, and a 60 × 50-mm solid exophytic mass in the pancreatic body (Fig. 1). The serum lipase, transaminase, bilirubin, alpha-fetoprotein (AFP), chromogranin A, cancer antigen (CA) 19-9, and carcinoembryonic antigen (CEA) levels were within normal range.

Endoscopic ultrasound-guided fine-needle biopsy (EUS-FNB) of the pancreatic mass was performed with a 19-gauge ProCore needle (Cook Medical, Winston-Salem, North Carolina, USA) (Fig. 2). On histologic examination, the specimen exhibited monomorphic neoplastic cells, with moderate atypia and occasional mitoses, arranged in solid nests and a trabecular pattern. The cells had indistinct cytoplasmic borders, large central oval nuclei, occasional nucleoli, and abundant eosinophilic cytoplasm, with the appearance of hepatocellular carcinoma (HCC) (Fig. 3). No bile production was identified. The tumor cells reacted strongly with Hep Par 1 and were negative for chromogranin, synaptophysin, AFP, cytokeratin (CK) 7, and CK20 (Fig. 4). Primary pancreatic hepatoid carcinoma or metastatic/ectopic HCC was suspected.

Sorafenib (Nexavar; Bayer HealthCare Pharmaceuticals and Onyx Pharmaceuticals) at a reduced dose of 200 mg twice daily was commenced and produced a short-term clinical benefit. The patient’s condition then quickly deteriorated, hepatic failure developed, and he died 4 months after the diagnosis.

Pancreatic hepatoid carcinoma is an uncommon neoplasm sharing morphologic and immunohistochemical features with HCC. It seems to originate from ectopic liver tissue located in various organs, including the pancreas. Specifically, pancreatic hepatoid carcinoma, despite its morphologic appearance of a well-differentiated carcinoma, is a very aggressive neoplasm that is often associated with liver and lymph node metastases at the time of diagnosis, mimicking a metastatic HCC (1–3).

In this case, histologic typing was obtained by EUS-FNB of the pancreatic mass, after which immunohistochemistry and the clinical behavior led to a diagnosis of pancreatic hepatoid carcinoma.

Endoscopy_UCTX_Code_CCL_1AF_2AZ
Competing interests: None

Filippo Antonini1, Lucia Angelelli2, Corrado Rubini3, Giampiero Macarri1

1 Department of Gastroenterology, A. Murri Hospital, Polytechnic University of Marche, Fermo, Italy
2 Medical Oncology, Mazzoni Hospital, Ascoli Piceno, Italy
3 Pathological Anatomy and Histopathology, Department of Biomedical Sciences and Public Health, Polytechnic University of Marche, Ancona, Italy

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1392430
Endoscopy 2015; 47: E367–E368
© Georg Thieme Verlag KG Stuttgart · New York ISSN 0013-726X

Corresponding author
Filippo Antonini, MD
UOC Gastroenterologia ed Endoscopia Digestiva Università Politecnica delle Marche Ospedale “A. Murri” 63900 – Fermo Italy
Fax: +39-0734-6252252 filippore@yahoo.it

Fig. 4 On immunohistochemical staining with Hep Par 1, the neoplastic cells exhibit cytoplasmic granular immunopositivity (×40).