Endocytoscopy assists in the intraoperative diagnosis of carcinoma in a patient with chronic pancreatitis

![Fig. 1 Intraoperative photograph of the head and body of the pancreas, showing spraying of the opened pancreatic duct with methylene blue dye.](image)

A 44-year-old man with longstanding chronic pancreatitis presented with recurrent episodes of abdominal pain and significant weight loss. His CA19-9 level was raised at 392 U/mL (normal range 0–25 U/mL). Computed tomography showed changes typical of chronic pancreatitis, but no evidence of tumor. Elective pancreaticojunostomy was planned because there were multiple strictures in the pancreatic duct. Intraoperatively, the head of pancreas was bulky but there was no palpable mass. The pancreatic duct was opened and showed a long stricture with ulcerations in the head region. It was decided that endocytoscopic evaluation might be useful in order to assess the type and extent of the lesion. The opened pancreatic duct was sprayed with sterilized methylene blue dye (Fig. 1). The body region of the pancreatic duct was examined first in order to familiarize ourselves with the normal cytotoanatomy of the duct, and then we looked at the suspicious area in the head region, which showed clusters of tumor cells with hyperchromatic nuclei and a high nuclear-cytoplasmic ratio (Fig. 2). This pattern was found only in the head of the pancreas. A biopsy of this tissue was sent for frozen section examination and subsequently for conventional histopathological examination, which showed malignancy, confirming the endocytoscopy findings (Fig. 3).

In conclusion, endocytoscopy assisted in making a diagnosis of carcinoma on a background of chronic pancreatitis, by visualizing variation in cell size, disorder of polarity, and deformity of the nuclei. This optical biopsy technique could be useful for the immediate diagnosis of mitotic lesions, definition of the extent of these lesions, and assessment of the negativity of resection margins during surgery.

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