CASE REPORT

Cystic lesion of the pancreatic duct in the head of the pancreas in a 46 years old female patient

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DIAGNOSES
Unspecific upper abdominal pain. Condition after appendectomy

CASE HISTORY
46 years old female with unspecific upper abdominal pain, nausea and vomiting. Admitted for further investigation.

PHYSICAL INVESTIGATION
Blood pressure 120/80 mm Hg. Heart frequency: 76/min. Cardiopulmonary within the standard range. Abdomen: tender to touch within the range of the liver.

LABORATORY
Hb: 12.3; Hat: 37; Leucocytes: 2.4; Thrombocytes: 224; Protein totally: 8.3;
Albumin: 4.5; Bilirubin total 0.82; SGOT: 13; SGPT: 15; Gamma GT: 27;
Alkaline Phosphatase 66; Urea: 18; Kreatinin 1.0; CEA: 1.48; Ca 125: 2.62; Ca 19,9: 4.4

MRI OF UPPER ABDOMEN AND MRCP
Enlargement of the pancreatic head with a lesion of 4.4 x 4.3 cm. Contrast enhancing cyst measuring 2.7 X 2.4 x 2.5 cm. Only special contrast MRCP revealed cyst of pancreatic duct in the head of pancreas. Suspicion of IPMT (intrapancreatic mucinous tumor).

Fig. 1: Distended pancreatic duct, atrophied pancreatic parenchyma. Suspicion of obstruction of the pancreatic duct in the head of the pancreas.
INDICATION

Cystic lesion in the head of the pancreas as anatomical anomaly is an indication for resection with suspicion of malignant differentiation.

OPERATION

- Duodenopancreatectomy according to Traverso and Longmire
- Hepaticojejunostomy
- Pancreateicojejunostomy
- Gastrojejunostomy; gallbladder resection

Fig. 2: MRCP with contrast medium in the pancreatic duct demonstrating a dilatation of the very distal part.

Fig. 3: MRCP with contrast medium confirms dilatation of the pancreatic duct without dilatation of the common bile duct.

Fig. 4a: Diagram of the intended operation

Fig. 4b: Diagram of the Traverso Longmire procedure
Fig. 5: Intraoperative photo of situs.

Fig. 6: Photo after reconstruction

Fig. 7: Resected specimen with dissected pancreatic duct.

HISTOLOGY

Mucinous cyst adeno carcinoma of the pancreatic duct in chronic pancreatitis

POSTOPERATIVE DIAGNOSIS

Mucinous cyst adeno carcinoma of the pancreatic

CLINICAL COURSE

Uneventful

PROBLEMS

Cystic lesions in the head of the pancreas without prior chronic pancreatitis are always suspicious for malignancy. In any case they represent premalignant lesions that have to be removed. The difficulty lies in the differential diagnosis and the timing for the resection.