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A case of intraductal papillary mucinous neoplasm of pancreas manifested as duodenal ampullary mass

영남대학교 의료원 소화기 내과

*박종일, 김승범

Introduction: Intraductal papillary mucinous neoplasm (IPMN) of pancreas is characterized by papillary growth and mucin production within the pancreatic duct. In rare cases, IPMN could manifest penetration to adjacent organs or as protruding mass in duodenum. **Case:** A 71-year-old male visited our hospital due to upper abdominal pain. He had past medical history of hypertension. The initial laboratory evaluation showed a white blood cell 4,700 cells/ μ L, hemoglobin 10.7 g/dL, platelet 1.59×10^5 cells/ μ L, total bilirubin 0.69mg/dL, aspartate aminotransferase 29 IU/L, alanine aminotransferase 10 IU/L, alkaline phosphatase 81 IU/L, γ -glutamyl transpeptidase 47 IU/L. Of tumor marker, carbohydrate antigen 19-9 level was 10.2 U/mL (reference range: 0-37 U/mL). Abdominal computed tomography (CT) scan showed about 6.5cm sized ampullary mass with dilatation of pancreatic and common bile duct (Fig. 1). Esophagogastroduodenoscopy showed protruding mass at 2nd portion of duodenum and biopsy of mass revealed tubular adenoma. Endoscopic ultrasound showed hypoechoic mass at major duodenal papilla and extension of mass into pancreatic duct and dilatation of bile and pancreatic duct (Fig. 2). Endoscopic ultrasound guided fine needle aspiration of mass showed the many inflammatory cells, predominantly neutrophils. The patient underwent pyloric preserving pancreatoduodenectomy. Pathologic examination of surgical specimen revealed intraductal papillary mucinous neoplasm with high grade dysplasia and duodenal extension (Fig. 3). **Conclusion:** We report a case of huge duodenal ampullary mass diagnosed as IPMN after surgery. IPMN should be considered as a differential diagnosis patients with ampullary mass and pancreatic duct dilatation.

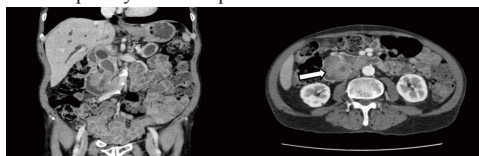


Fig.1 Diffuse dilatation of pancreatic duct & biliary duct and polypoid mass(about 6.5cm) is shown in peripapilla area

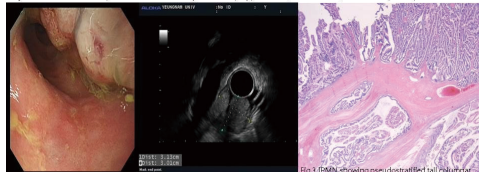


Fig.2 Hypoechoic mass at major duodenal papilla and extension of mass into pancreatic duct

Fig.3 (H&E) showing pseudostratified tall columnar cells lining the papillae with progression to focal high grade dysplasia