

A case of xanthogranulomatous pancreatitis mistaken for pancreatic head cancer

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Introduction: Xanthogranulomatous inflammation is characterized by deposition of lipid-laden histocytes at various tissues such as gallbladder, kidney, vermiform appendix, bones, ovary, endometrium, vagina, prostate, pelvis, lymph nodes. But these changes in the pancreas are extremely rare. **Case report:** A 70-year-old woman presented with a history of vague abdominal pain for several years and acute periumbilical pain for three days. Laboratory data showed white blood cell counts 14,030/ μ L, γ GT 267 U/L, CRP 3.0 mg/dL (reference range 0-0.5mg/dL), CA 19-9 34.2 U/mL (reference range 0-27 U/mL). liver function test, amylase and lipase were in normal range. Abdominopelvic computed tomography revealed a peripheral enhancing low attenuated lesion in uncinate process of pancreas with peripancreatic infiltration. Pancreas magnetic resonance imaging indicated that the pancreatic lesion appeared heterogeneous high signal intense on a T2-weighted image and low signal intense on a T1-weighted image. And positron emission tomography for a differential diagnosis showed strong fluorodeoxyglucose uptake in mass of pancreas uncinate process about 3cm in size, suggesting malignant condition. For these reasons, Whipple's operation was performed. Sections studied from the lesion demonstrated a clumping of foam macrophages, lymphocytes, plasma cells and fibrocytes. These features presented a diagnosis of xanthogranulomatous pancreatitis. **Aims:** Although this type of pancreatitis is greatly rare, it is important to bear it in mind for a differential diagnosis because it may be mistaken for chronic pancreatitis or pancreatic cancer on imaging.

Key words: xanthogranulomatous pancreatitis, pancreatic cancer

The Long Term Clinical Outcome of Drug Eluting Stent Fractures

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Background: Drug eluting stent (DES) stent fracture (SF) has been implicated as a risk factor for in-stent restenosis (ISR), but its clinical predictors and outcome are not well known. Therefore we investigated the conditions associated with SF and the long term clinical outcome. **Methods:** Between 2004 and 2007, consecutive cases of SF were collected from the Seoul National University Hospital. Clinical characteristics and outcome of patients with fractured stents were compared with a ten-fold cohort of age and gender matched controls (n=236). Patients with SF were divided into 2 groups depending on the presence of binary restenosis at the time of SF diagnosis and were followed up to 2 years. **Results:** A total of 4845 patients received PCI and 3315 patients (68.4%) underwent angiographic follow-up. 28 fractured stents were observed in 24 patients. The incidence of SF was 0.52%. Chronic kidney disease, stent implantation in the right coronary artery (RCA), and SES use were independent predictors of DES fracture by multivariate analysis. At the time of SF diagnosis, there was no difference in presenting symptoms between those with and without SF (stable angina CCS 0 or 1, 95% vs. 87%, $p=0.174$; stable angina CCS ≥ 2 , 1.7% vs. 8.3%, $p=0.097$; Unstable angina/non-STEMI, 2.5% vs. 4.2%, $p=0.497$; STEMI, 0.4% vs. 0%, $p=1.000$). In a subgroup analysis, patients with angina score CCS 0 or 1 were less common among those with stent fracture and binary restenosis (SF+BS+) compared with those without stent fracture (SF-) or stent fracture without binary restenosis (SF+BS-) (CCS 0 or 1 in SF-, 94.5%; SF+BS-, 100%; SF+BS+, 70%, $p=0.020$). Although SF was significantly associated with BS (11.4% vs. 41.7%, $p<0.001$) and increased risk of target lesion revascularization (TLR) (8.1% vs. 33.3%, $p=0.001$), patients with SF but without significant restenosis at time of SF diagnosis did not require TLR during follow up (median follow up since: 30.5 months). **Conclusion:** SF is associated with increased rates of restenosis and repeat revascularization. Overall SF has a benign prognosis, especially in those without BS at SF diagnosis.