

SOLID PSEUDOPAPILLARY TUMOR IN ECTOPIC PANCREAS WITH LYMPH NODE METASTASIS: AN UNUSUAL PRESENTATION

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Introduction:

Pancreatic solid pseudopapillary tumor (SPT) is a rare neoplasm, representing about 2% of pancreatic tumors. The histological origin of the tumor is poorly understood, showing remarkable variability in their presentation, biological behavior and prognosis. The occurrence of SPT at an ectopic pancreatic tissue is even more unusual.

Clinical presentation:

A 33 year old male presented with a one-year history of upper abdominal pain associated with episodes of fullness relieved after vomiting. He had history of weight loss of 4 kg over a period of 3 months. Examination revealed a mass of size 5 X 7 cm over the epigastric region. Abdominal ultrasonography revealed well defined thick and irregular walled cystic lesion of size 6X5 cm below the body of pancreas. Contrast enhanced CT scan showed a round cystic lesion of size 5.2X4 cm with irregular enhancing thick wall, below the body of pancreas. With the diagnosis of a cystic neoplasm of the pancreas, patient underwent exploratory laparotomy which revealed a cyst of size 6X5 cm found to be arising from the root of small bowel mesentery, along with a lymph node of size 2X1.5 cm adjacent to it and medial to the duodenojejunal flexure (fig. 2). The pancreas was normal. The cut surface showed cystic lesion containing haemorrhagic fluid with areas of solid components and necrosis. Histopathological examination confirmed diagnosis of a solid pseudopapillary tumor (fig. 3). Till the end of 10 months, he has remained asymptomatic.

Conclusion:

There have been only six previously reported cases of SPT at an ectopic site. The root of small bowel mesentery is till date an unreported site for SPT. The presence of lymph node metastasis and occurrence in male sex are another exceptional features of the present case.

