VOLUME-9, ISSUE-3, MARCH-2020 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Medicine

FRANTZ TUMOR - CLINICAL CASE PRESENTATION

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ABSTRACT

OBJECTIVES: Describe the main signs and symptoms of this type of tumors, as well as their appropriate treatment and post-surgical monitoring.

METHOD: A retrospective study was carried out, a clinical case in adolescent patients since their detection, diagnostic tests, surgery, until their post-surgical follow-up.

RESULTS: It is a female patient, 16 years old, mixed race who has symptoms of epigastralgia radiating back accompanied by nausea, vomiting and diarrhea; laboratory: reported blood test, chest Rx and normal tumor markers (AFP and BHCG); Simple and proven CT revealed occupational mass originated in the body of the pancreas. He underwent Corpo-pancreatectomy Surgical treatment, Postoperative satisfactory; 1 year of asymptomatic patient surgery.

CONCLUSION: Pseudopapillary Solid Tumor of the Pancreas or Frantz's Tumor is a very rare tumor, with a low degree of malignancy, usually encapsulated. The diagnosis is mainly given by finding images; US (ultrasonography) and CT (Computerized Axial Tomography) as is the case with our patient. Complete tumor resection is the treatment of choice, preserving as much pancreatic tissue as possible.

KEYWORDS : Frantz Tumor, Pseudopapillary, Resection. Quito, Ecuador

INTRODUCTION

The solid-cystic papillary tumor of the pancreas was first described in 1959 by Frantz, calling it "Papillary Tumor of the Pancreas"; hence the term "Frantz's tumor." It is a very rare neoplasm that represents 2-3% of all primary pancreatic tumors that occur at any age. More common in young women, tumors are generally encapsulated and degenerative cystic changes are observed; its presentation with little sympto matology and its pathological appearance are consistent with a low degree of malignancy, usually reach an average size of 10 cm (sometimes larger) and often with hemorrhagic areas. The treatment is based on surgical resection presenting an excellent prognosis after complete resection even if there are metastases.

We present the case of a 16-year-old patient diagnosed with a neoplasm located in the body of the pancreas corresponding to a Frantz tumor, successfully performed corpo-pancre ate ctomy.

METHODOLOGY

A retrospective study was carried out, a clinical case in adolescent patients since their detection, diagnostic tests, surgery, until their post-surgical follow-up.

The information and images obtained belong to the medical staff in charge of the case whose reinforcements rest in the Excel and JPG statistical package.

PRESENTATION OF CLINICAL CASE:

A 16-year-old woman with a 15-day clinical picture characterized by VAS epigastralgia: 7-8 / 10 radiating to the back accompanied by nausea, vomiting and diarrhea; He goes to the Social Security Hospital where they perform ultrasonography (US) and CT (Computerized Axial Tomog raphy), demonstrating mass at the expense of the pancreas, deciding to transfer to a specialty hospital.

In a hospital specializing in patients with vital signs within normal parameters, abdominal examination pain on palpation in mesogastrium and epigastrium; normal blood test, Rx Thorax 2 normal positions, tumor markers (AFP and BHCG: normal); Simple / Contracted TAC of Abdomen and Pelvis: Occupational mass of 78 x 80 mm in diameter, well defined contours with central calcification; originated in the body of the pancreas and grows between it and the lower curvature of the stomach, showing a fatty plane between the mass and the stomach, parenchyma of the pancreas preserved; no retroperitoneal adenopathies. Electively, an exploratory laparotomy + corpo-pancreatectomy was perfo rmed, finding a hard tumor, dependent on a pancreatic body that measures approximately 10 cm in diameter, does not compromise adjacent structures, presence of ganglion at the level of the celiac and mesenteric trunk. Patient without complications in post-surgery was discharged 9 days after the intervention. Histopathological study reported solid pseudopapillary neoplasia (Frantz tumor), 8 x 7.4 x 7 cm

neoplasia, encapsulated. Patient is currently in control; 1 year of intervention remains asymptomatic.

Graphic: Simple and Contrast Pre-surgical TAC

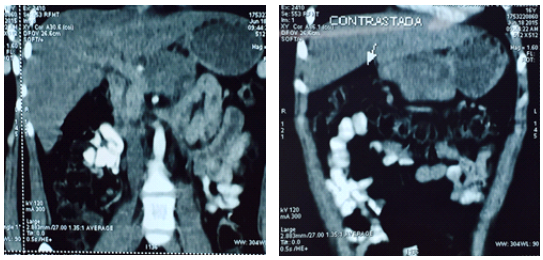
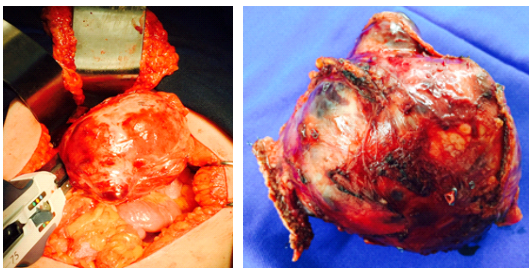


Image: Trans and Post-surgical Frantz Tumor



DISCUSSION

Pseudopapillary solid neoplasm of the pancreas is rare, representing between 0.9 and 2.7% of all pancreatic malignancies.

It mainly affects young women. Most patients have non-specific symptoms related to an intra-abdominal mass (abdominal pain, dyspepsia, early satiety, nausea and vomiting) and more than a third are usually discovered incidentally.

The diagnosis is mainly given by the finding of the images, in the case of our patient an ultrasonographic study found an abdominal tumor, it was complemented with computed axial tomography.

They are tumors that usually do not raise tumor demarker values (AFP, BHCG, CA-199) therefore a normal value, such as those found in our patient, does not exclude it.

The differential diagnosis may include other cystic tumors such as serous cystadenoma, which usually occurs in older women and has a generally cystic appearance; cystic mucinous neoplasm characterized by fine septa inside, which give it the macrocystic appearance; and frequent pancreatoblastoma in childhood, with a predilection for the male gender, very aggressive, with metastases at the time of diagnosis.

Complete tumor resection is the treatment of choice, preserving as much pancreatic tissue as possible. In cases where the tumor is at the level of the head and / or tail of the pancreas, a pancreatoduodenectomy is considered and in those where a distal pancreatectomy is located in the pancreatic tail. The prognosis is very good and the 5-year survival is 93%. In more than 90% of cases they are treated only with surgery.

CONCLUSION

Pseudopapillary Solid Tumor of the Pancreas or Frantz's Tumor is a very rare tumor, usually encapsulated, being more common in young women, with a behavior and histological appearance of low degree of malignancy. Its clinical, imaging, pathological and immunohistochemical charact eristics allow a correct diagnosis. Complete surgical resection of the tumor while preserving the greatest amount of pancr eatic tissue is the treatment of choice, even healing.

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