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Original Research Paper

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SIMPLE PANCREATIC CYST IN ADULT FEMALE - DISTAL PANCREACTOMY-A CASE REPORT

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ABSTRACT Most pancreatic cysts are benign , arising from inflammation, injury or congenital abnormalities of the pancreas. They are predominantly occur in body and tail of pancreas of elderly females. Here we report a case of adult female with serous cystic adenoma pancreas underwent distal pancreatectomy.

KEYWORDS : PCNs, SCAs, GPE, DISTAL PANCREATECTOMY

INTRODUCTION:

Serous cystic adenomas (SCAs) comprise 1-2 % of all pancreatic neoplasms. They occur less frequently and almost benign in nature[1]. SCAs are most commonly observed in women (female to male ratio, 3:1) with average age of diagnosis of 62yrs[2]. Majority of them involve body and tail of pancreas.

Approx. 47 % of patients with SCAs are asymptomatic with the cyst identified only incidentally[2]. The non specific symptoms are abdominal pain (25%) , palpable mass(10%) and jaundice (7%)[2]. The size of the cyst plays a large role in the manifestation of symptoms with cysts greater than 4 cm compared with less than 4 cm (72% vs 22%)[2] . Surgical excision is curative. Recurrence is rare[5].

CASE REPORT :

39 yrs female presented with pain abdomen for one month. General physical examination was within normal limit. She was afebrile, pulse rate 88 per minute, BP 110\70 mm of hg. On palpation, abdomen was soft ,non tender, no guarding, rigidity, normal bowel sounds. Her lab. Investigation was unremarkable. USG abdomen shows- pancreas normal in size , outline and echotexture. No peripancreatic fluid seen. A septated cystic lesions of size 2.8 *2.0 cm seen in body region with no solid component.

MRCP-Pancreas measures 2 cm in head, 2.6 cm in body and 2.7 cm in tail region.Pancreatic duct measures2.7 mm. There is evidence of well definedmultilobulated cystic lesion in body region of pancreas measuring 2.4 X 2.6 cm. No communication with main pancreatic duct without dilation of pancreatic duct. No evidence of septations or enhancing mural nodule is seen in it. No diffusion restriction seen. No peripancreatic stranding seen. Anteriorly it is seen abutting the body of stomach. Posteriorly it is seen abutting portal vein for less than 90 degree without any filling defect in the portal vein(fig.1,2). Patient was diagnosed with cystic lesion of body of the pancreas . She underwent Distal Pancreatectomy(fig.3).

Intraoperatively ,Pancreas soft ,cystic lesion present on superior surface of body of pancreas, about 3 X 3 cm in size , Splenic artery and vein preserved.Tributaries of splenic artery and veinclosed with Prolene 3-0 and 4-0 suture. Pancreas transected at the neck withechilon 60 vascular staplerCut end reinforced with prolene 3-0 suture (fig.4,5).

Post op.- within 1 hour after surgery, drain output was 800cc (haemorrhagic). Patient was re-explored . There was bleeder present in proximal part of splenic vein. And one bleeder near the anastomotic site .Undermining of slip ligature done. Histopatholigical examination shows simple non neoplastic true cyst of pancreas.

DISCUSSION:

Pancreatic cystic lesions range from benign lesions such as pseudocyst and SCAs to tumours with aggressive behaviour. In 1978, SCAs of pancreas were separated from PCNs[6,7]. They are derived from intercalated duct cells or centroacinar cell lineage[8,9]. SCAs characterized by serous fluid filled cysts lined by a single layer of cuboidal epithelial cells with uniform round, darkly stained nuclei and glycogen-rich cytoplasm[3]. SCAs are slow growing tumours.These tumours can present with abdominal pain , palpable mass , nausea ,vomiting, weight loss . Jaundice is can be seen in tumors involving the head of pancreas due to compression of common bile duct[10,5].Due to the high incidence of resection for benign process, , general principal has been to observe SCAs[1] The main indication for operative management is the presence of symptoms. Other indications include cyst size greater than 4 cm and uncertainty of diagnosis[11]. The type of surgical resection is based on the position of the cyst within the pancreas. These include pancreaticodudenectomy, distal pancreatectomy or tissue preserving procedures.

CONCLUSIONS

Pancreatic SCAs are benign tumours with excellent prognosis. Clinical course is good. Majority of them require only conservative management and surgical resection is required only in few cases.

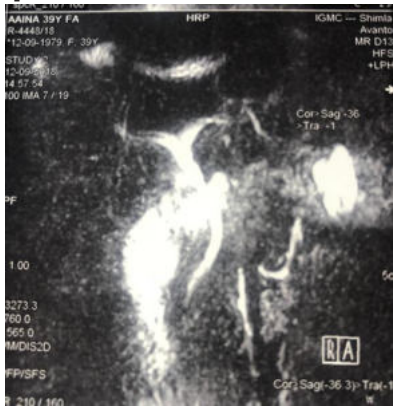

Fig.1.MRCP.Cystic lesion in pancreas not communicating with main pancreatic duct

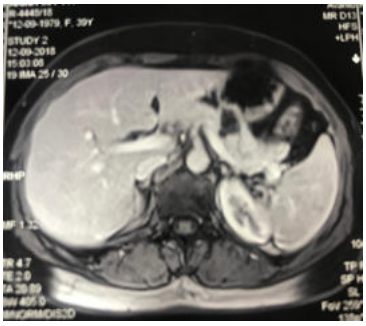

Fig 2.Hypointense lesion body of pancreas

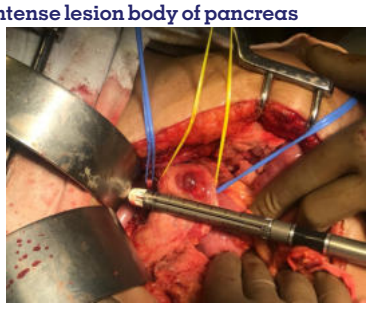

Fig. 3.Stapler fired with both splenic artery and vein isolated.

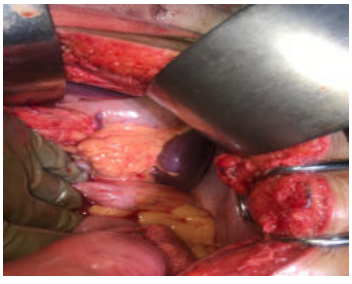

Fig.4. Preserved spleen.

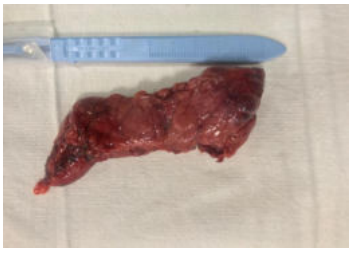

Fig.5. Specimen

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