



PANCREATIC HAMARTOMA A CASE REPORT AND REVIEW OF LITERATURE

Surgery

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ABSTRACT

Pancreatic hamartomas have been rarely described in the literature. To our knowledge less than 20 cases have been reported. Pancreatic hamartomas lack pathognomic radiologic features and thus can be mistaken for malignancy. Misinterpretation of hamartomas as a true neoplasms will result in unnecessary surgery. Its diagnosis is usually confirmed by pathological examination after surgical resection. Herein, we report a case of cystic pancreatic hamartoma and demonstrate its characteristics along with a review of literature

KEYWORDS:

pancreatic hamartoma, pancreatic tumor

Introduction

The term hamartoma refers to an excessive focal overgrowth of cells and tissues native to the organ in which it occurs (1). Hence, hamartomas should be considered a malformation rather than a true neoplasm. Hamartomas can arise in different organs, where lung is the most common site and pancreatic hamartoma is extremely rare and constitute less than one percent of this tumor (2). Pancreatic hamartomas have been rarely described in the literature. To our knowledge less than 20 cases have been reported. Pancreatic hamartomas lack pathognomic radiologic features and thus can be mistaken for malignancy. Herein, we report a case of cystic pancreatic hamartoma and demonstrate its characteristics along with a review of literature.

Case Report

44 year old male patient presenting with 5 months history of recurrent episodes of epigastric pain. No history of pancreatitis, no history of gallstone disease, no history of alcohol intake. Physical exam was unremarkable, laboratory data including amylase and lipase were normal. CT scan of abdomen pelvis showed cystic lesion in body of pancreas in close proximity to splenic vein. No regional lymphadenopathy, no ascites, no metastasis noted. CEA level was normal but Ca 19-9 was elevated four times the upper limit.

In the operative field a 3*2 cm mass in body of pancreas was identified in close proximity to the splenic vein which was managed by distal splenopancreatectomy.

Histology returned to be pancreatic hamartoma with cystic and focally solid component.

Patient had an uneventful hospital stay and was discharged on day eight post operation.

Discussion

Pancreatic tumor forming lesions that have been considered nonneoplastic are very rare and have been reported either as pseudotumor or hamartomas. Hamartomas may appear as solid or cystic forms, due to the absence of characteristic differentiated features they may be clinically and radiologically mistaken for malignancy. Its diagnosis is usually made after surgical resection by pathological examination. Table 1 summarizes the clinicopathological features of pancreatic hamartoma reported in literature. Pancreatic hamartoma can occur at any age, but the average age is 46.7 years with a male to female ratio of 2:1 and an average size of 3.6 cm. signs, symptoms and radiological findings are nonspecific. Hence, the

final diagnosis is made after pancreatic resection. In pancreatic hamartoma, microscopic salient findings are a circumscribed lesion that is composed of a disorderly arrangement of well-differentiated endocrine and exocrine pancreatic tissue, and some cystically dilated ducts.(3)

Table 1

Author	Age	Gender	Site	Size cm	Treatment
Anthony et al (4)	46	Male	Head	1.6	PD
Anthony et al	35	Male	Tail	-----	LR
Izbicki et al (5)	25	Male	Head	10.6	PD
Wu et al	39	Male	Head	8	Whipple
Mcfaul et al	29	Male	Head	1	PPPD
Macfaul et al	62	Male	Head	3.5	Whipple
Pauser et al	36	Female	Head	7	Whipple
Pauser et al	55	Female	Neck	3	DP
Pauser et al	51	Male	Tail	3	LR
Pauser et al	54	Female	Body	2	DP
Nagata et al	58	Female	Body	1.9	DP
Sampelean et al	46	Male	Head	0.9	PD
Ho-hyunet et al	52	Female	Head	2.2	PPPD
Durczynski et al	69	Male	Body	2.8	Central pancreatic resection
Present case	44	Male	Body	3	DSP

LR, local resection; PD, pancreaticoduodenectomy; PPPD, pylorus-preserving PD; DP, distal pancreatectomy; DSP, distal splenopan createctomy

Conclusion

In conclusion, pancreatic hamartoma is a rare medical condition. Misinterpretation of asymptomatic hamartomas as a true neoplasms will result in unnecessary surgery. Its diagnosis is difficult due to the lack of pathognomic radiological feature, and is usually confirmed by pathological examination after surgical resection.

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