



CLINICAL CASE

Cystic Pancreatic Lymphangioma – Diagnostic Role of Endoscopic Ultrasound



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Lymphangioma,
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Abstract Pancreatic cystic lymphangiomas are rare benign lesions that arise from lymphatic vessels, accounting for less than 0.2% of all pancreatic cysts. Typically it is asymptomatic and discovery occurs during imaging exams for non-pancreatic disease. In the past, a definite diagnosis was made through surgery, with complete resection of all tumoral tissue to prevent recurrence. Nowadays, the development of endoscopic ultrasound (EUS) made it possible to identify these cysts combining morphologic ultrasound features, macroscopic aspirated fluid appearance, biochemical and cytological evaluation of the sample. We report two cases of cystic pancreatic lymphangioma diagnosed through EUS, allowing conservative management without surgery. These cases show that cystic pancreatic lymphangioma should be considered in the differential diagnosis of cystic pancreatic lesions and that EUS is an important tool for their recognition.

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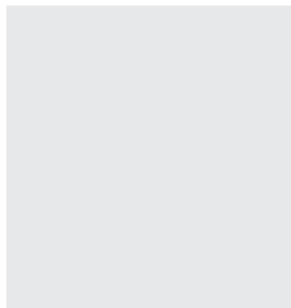
Linfangioma Quístico;
Neoplasias do
Pâncreas;
Ecoendoscopia

Linfangiomas Quísticos Pancreáticos – A Importância da Ecoendoscopia no seu Diagnóstico

Resumo Os linfangiomas quísticos pancreáticos são lesões benignas raras com origem em vasos linfáticos, correspondendo a menos de 0,2% da totalidade de quistos pancreáticos. Na maioria são assintomáticos sendo a sua descoberta incidental. Tradicionalmente o seu diagnóstico era cirúrgico, com completa ressecção de todo o tecido tumoral para prevenir recorrência. Actualmente, o desenvolvimento da ecoendoscopia (EUS) permitiu identificar estes quistos

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combinando as suas características ultrasonográficas, aparência macroscópica do fluido aspirado, e avaliação bioquímica e citológica da amostra. Os autores descrevem dois casos de linfangiomas quísticos pancreáticos diagnosticados por EUS, permitindo uma abordagem conservadora. Estes demonstram que os linfangiomas quísticos pancreáticos devem ser considerados no diagnóstico diferencial de lesões quísticas pancreáticas e que a EUS é importante no seu reconhecimento.

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1. Introduction

Lymphangiomas are benign tumors that result from the blockage of lymphatic flow leading to the development of lymphangiectasias.¹ This phenomenon could be related to congenital malformations or obstructions secondary to inflammatory process (for example: infections), abdominal trauma, surgery or radiotherapy.² Pancreatic lymphangioma are very rare, representing less than 1% of all lymphangiomas and 0.2% of pancreatic lesions.³ In literature few cases and small series are described, however the majority are diagnosed after surgery. With the advent of endoscopic ultrasound (EUS) it became possible to establish a definite preoperative diagnosis through the combination of its morphologic features on ultrasonography, and the analysis of cyst fluid by fine-needle aspiration (FNA), namely its biochemical and cytological characteristics.^{4,5}

We present two cases of pancreatic lymphangioma discovered incidentally, in which the definitive diagnosis was made by EUS with FNA, allowing a conservative approach without need for surgery.

2. Case 1

A 75 year-old asymptomatic male was referred for a pancreatic cyst incidentally detected in computerized tomography (CT). The lesion was identified in the pancreatic uncinate process with 54 mm × 37 mm, mostly hypodense but with a

small area with contrast enhancement. There was no personal or family history of pancreatic diseases.

A magnetic resonance imaging (MRI) was performed, revealing in the same location and in contact with the inferior vena cava, a grossly rounded lesion with 52 mm × 47 mm, hypointense on T1 and hyperintense on T2, containing septa and very slight contrast uptake. These aspects were suggestive of serous or mucinous cystadenoma.

To obtain a definitive diagnosis the patient was submitted to EUS evaluation with a linear echoendoscope. EUS showed a cystic lesion reaching 44.5 mm of diameter in the uncinate process of the pancreas, with thin septa converging to the center. There was no wall thickness or parietal nodules (Fig. 1). FNA was performed using 22 gauge EUS-FNA needle in a single function, resulting in aspiration of a milky-white fluid; string sign negative (Fig. 2).

The remaining pancreas seemed to be normal at EUS.

Prophylactically endovenous ciprofloxacin was administered before FNA in a single dose, and then orally for the next 4 days after the function.

The biochemical examination of the fluid revealed an elevated triglyceride level of 12,306 mg/dL, with amylase 90 U/L and carcinoembryonic antigen (CEA) 10.4 ng/mL. The cytological evaluation was inconclusive, with a very small amount of cells in the sample.

The EUS findings along with the fluid's macroscopic appearance and triglyceride levels were diagnostic of pancreatic lymphangioma. Since the patient was asymptomatic and taking in account the risks of an extended surgery, it

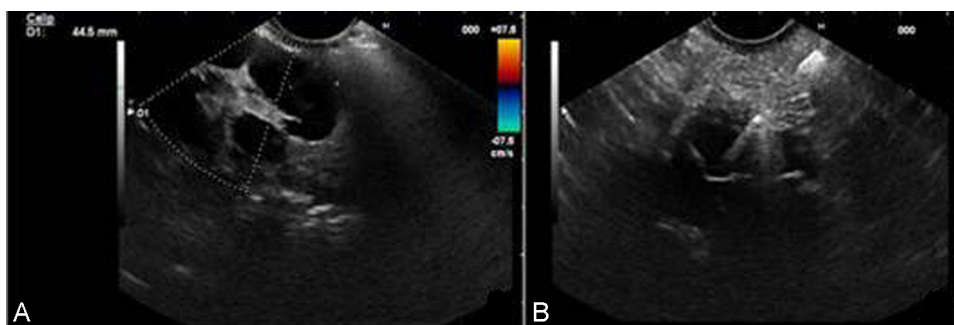


Figure 1 EUS images: A – Pancreatic cyst with thin septa converging to the center; B – FNA with 22 gauge fine needle.

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