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Intraductal tubulopapillary neoplasm of the pancreas presenting as recurrent acute pancreatitis: A case report

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ABSTRACT

INTRODUCTION: The 2010 World Health Organization classification of intraductal neoplasms of the pancreas includes intraductal tubulopapillary neoplasms (ITPNs) and intraductal papillary mucinous neoplasms, the latter being a rare and new concept. ITPN sometimes cause acute pancreatitis; therefore, distinguishing ITPN from idiopathic acute pancreatitis is important but challenging.

PRESENTATION OF CASE: We present the case of a 72-year-old male who had recurrent pancreatitis for the past 2 years, his diagnosis was idiopathic acute pancreatitis. He was admitted to our hospital with severe acute pancreatitis and cholangitis due to intrapancreatic bile duct stenosis. After the treatment of cholangitis, contrast-enhanced computed tomography revealed a tumor at the pancreatic head. Endoscopic retrograde cholangiopancreatography (ERCP) showed stenosis of the main pancreatic duct and distal bile duct, and adenocarcinoma was detected using brush cytology of the bile duct stricture and pancreatic juice. The patient was diagnosed with invasive ductal carcinoma and pancreaticoduodenectomy was performed. Histopathological findings revealed dilation of the pancreatic duct, and proliferation of columnar cells and cuboid epithelial cells in the main pancreatic duct of the pancreatic head. Mucus production was poor, and immunostaining results revealed ITPN. The patient is alive and do not exhibit signs of recurrence for 12 months.

DISCUSSION: ITPNs can cause acute pancreatitis, which can be challenging to preoperatively diagnose. ITPNs presenting as acute pancreatitis are rare, with reported only 5 cases.

CONCLUSION: It is important to be keep in mind that there is a possibility of ITPN after diagnosis of idiopathic acute pancreatitis.

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1. Introduction

Intraductal neoplasms of the pancreas can be classified as intraductal tubulopapillary neoplasms (ITPNs) and intraductal papillary mucinous neoplasms (IPMNs) according to the 2010 World Health Organization classification. ITPN is a rare malignant lesion and newly defined clinical presentation that sometimes lead to acute pancreatitis, and it is critical yet challenging to distinguish ITPN

from idiopathic acute pancreatitis, which we illustrate in this case report.

2. Presentation of case

A 72-year-old male was admitted to our hospital with abdominal tenderness and rigidity in the epigastric region. He had been undergone treatment for recurrent acute pancreatitis three times during the last 2 years, and pancreatic pseudocysts were found following pancreatitis treatment. The cause of recurrent acute pancreatitis was determined as idiopathic acute pancreatitis with no malignant findings using multiple modalities including contrast-enhanced computed tomography (CT) and endoscopic retrograde cholangiopancreatography (ERCP). Laboratory findings at the time of admission were as follows: white blood cell count, 13710/μL with 93.1% neutrophils; aspartate aminotransferase, 323 U/L; alanine aminotransferase, 285 U/L; γ-GTP, 470 U/L; alkaline phosphatase, 566 U/L; amylase, 180 U/mL; C-reactive protein, 25.14 mg/dL; carcinoembryonic antigen, 1.3 ng/mL; CA19-9,

Abbreviations: ITPN, intraductal tubulopapillary neoplasm; IPMN, intraductal papillary mucinous neoplasm; IDC, invasive ductal carcinoma of pancreas; CT, computed tomography; MRCP, magnetic resonance cholangiopancreatography; ERCP, endoscopic retrograde cholangiopancreatography; PD, pancreaticoduodenectomy; DP, distal pancreatectomy.

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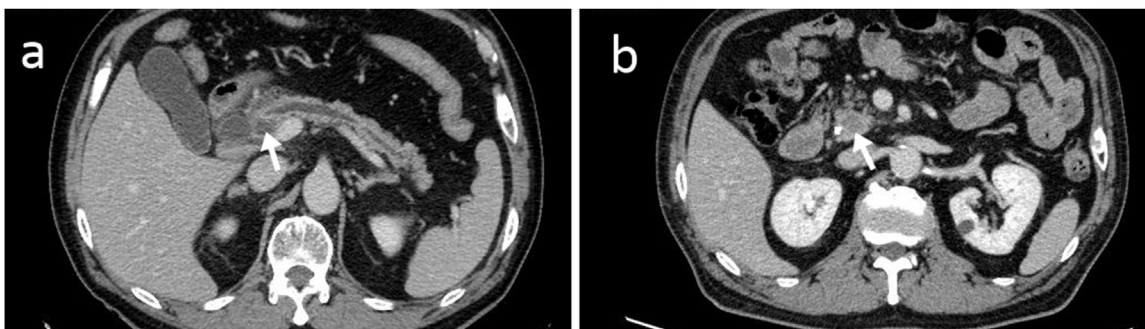


Fig. 1. (a) Contrast-enhanced computed tomography findings at the time of admission showing bile and pancreatic duct dilation and increased radiodensity around the pancreatic head. A pancreatic pseudocyst could also be observed (arrow). (b) Contrast-enhanced computed tomography after treatment for acute cholangitis and pancreatitis showing tumor (arrow) in the main pancreatic duct at the pancreatic head. The high-density structure in the bile duct was due to the endoscopic retrograde biliary drainage tube. Note the improvements in dilation of the bile and pancreatic ducts.

16.1 U/mL; and SPAN-1, 16.2/mL. Contrast-enhanced CT findings at the time of admission showed bile and pancreatic duct dilation and increasing radiodensity around the pancreatic head (Fig. 1a). The patient was diagnosed with severe acute cholangitis and

acute pancreatitis. ERCP was performed, and a bile duct and pancreatic duct stents were placed with systemic management. Contrast-enhanced CT performed after treatment of cholangitis and pancreatitis revealed a tumor detail at the pancreatic head (Fig. 1b).

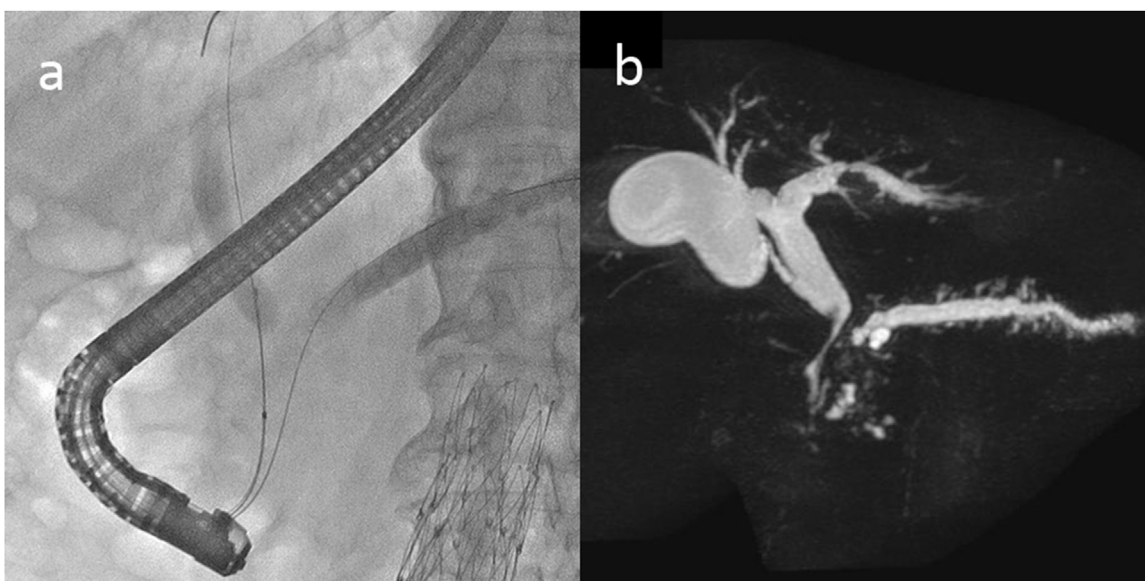


Fig. 2. Endoscopic retrograde cholangiopancreatography (a) and magnetic resonance cholangiopancreatography (b) showing stenosis of the common bile duct and main pancreatic duct.

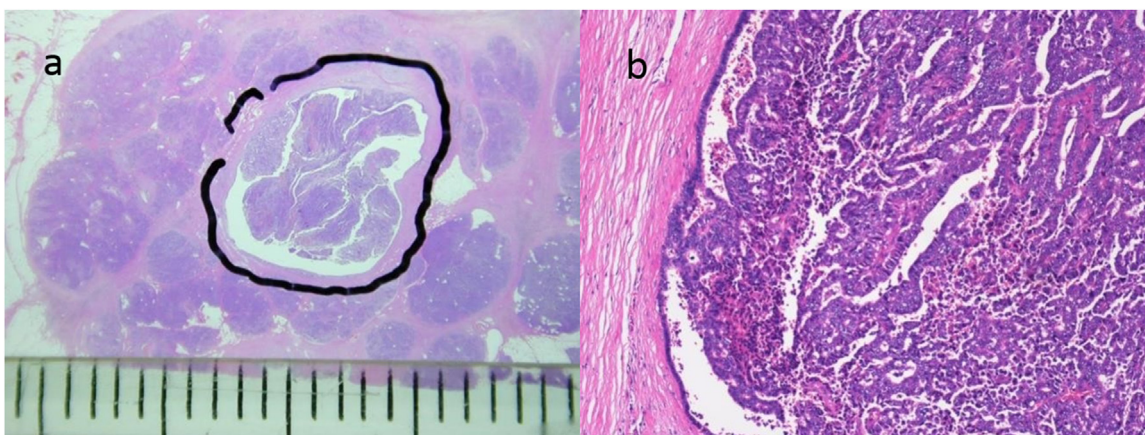


Fig. 3. Histopathological findings revealed dilation of the pancreatic duct, and proliferation of columnar cells and cuboidal epithelial cells occupying the main pancreatic duct of the pancreatic head. (a) low-power field, (b) high-power field.

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