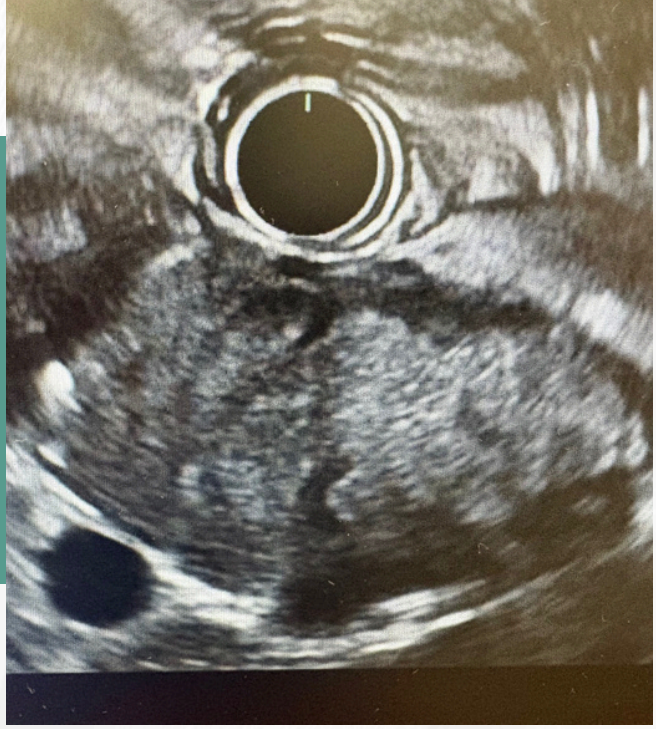
PANCREAS MASS AND JAUNDICE

- 51-year old woman

www.linkedin.com/in/rosarioligresti



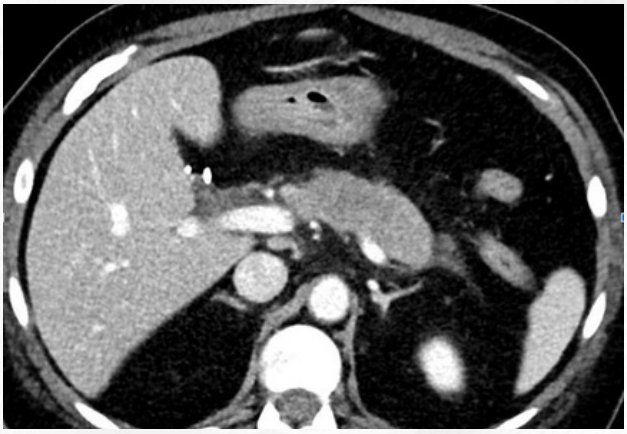
CASE STUDY

51 year-old woman with a history of cholecystectomy in 2022; Grave's disease, status post partial thyroidectomy in 2019; presented to the Emergency Room with one week of worsening abdomen pain, nausea, dark urine, yellow eyes, and 8 pounds weight loss.

On initial evaluation, her temperature was 37.9 C; weight 72 kg; BP 128/87; HR 107. She had scleral icterus. Her abdomen examination revealed tenderness in the deep epigastrium with decreased bowel sounds throughout. She had no obvious organomegaly.

Initial lab evaluation showed WBC 15.9 10*3/uL; hemoglobin 11.0 g/dL; total bilirubin 3.9 mg/dL; ALT 556 U/L; alkaline phosphatase 530 U/L; lipase 628 U/L; glucose 125 mg/dL; and normal electrolytes and kidney function. CT of the abdomen was ordered and a representative image is below. It showed diffuse enlargement and edema of the pancreas; some mild peripancreatic inflammatory changes and biliary ductal dilation down to the level of the head of the pancreas where abrupt cut-off was noted. Neoplasm could not be excluded.

CT



After the CT scan, CA 19-9 level was ordered and it was 186 U/mL. Endoscopic ultrasound was performed next.

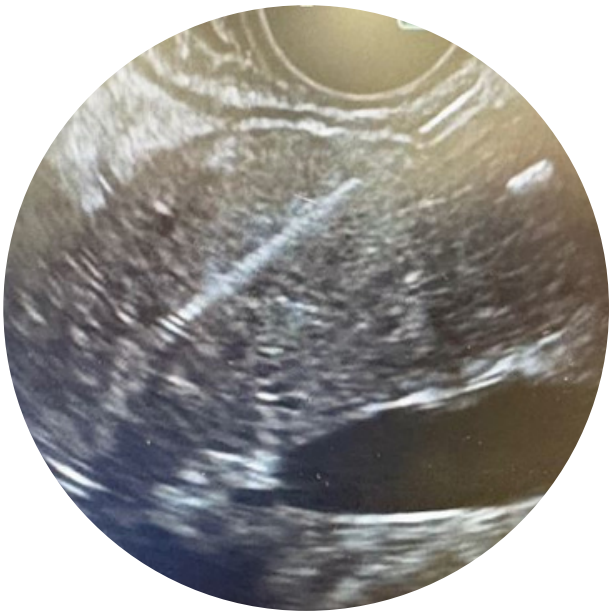
AT A GLANCE

CHALLENGES

- Pancreas mass
- History of autoimmune disease
- History of gallstones
- Jaundice

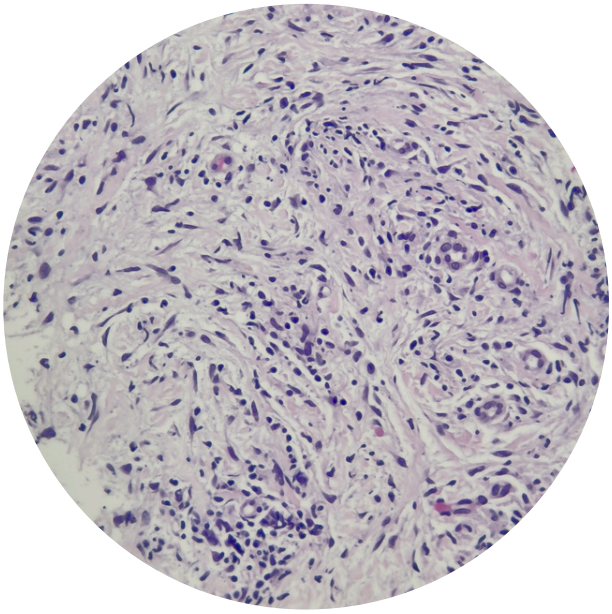
ROSARIO LIGRESTI

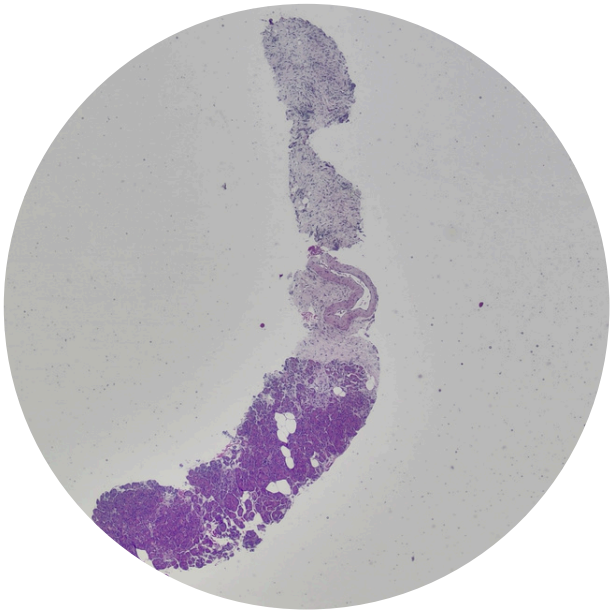
Chief of Gastroenterology
Director, The Pancreas Center
Hackensack University Medical Center



This showed a diffusely enlarged pancreas with a hypoechoic 2.7 cm circumscribed mass in the head of the pancreas. Adjacent vasculature was uninvolved. The common bile duct measured 1.4 cm just proximal to this mass. No pathologically enlarged lymph nodes were found in the upper abdomen.

Core biopsy of the head of the pancreas using the ***Limaca Precision-GI 20 gauge motorized needle*** was performed in one pass uneventfully. This needle was chosen because of its ability to provide a minimally-bloody high-quality core of tissue. Representative images of the core biopsy are below.





Pathology revealed the following findings:

-12 mm cores of pancreatic parenchyma with prominent neutrophilic infiltrate with microabscess and fibrosis.
-Separate pancreatic tissue with area of fibrosis and abundant eosinophils and occasional lymphocytes and plasma cells.
-The overall histology is compatible with type 2 autoimmune pancreatitis (AIP) (aka IgG4 related disease).
-Negative for malignancy.

OUTCOME

The patient also underwent ERCP and a bile duct stent was inserted across a tight distal biliary stricture. She was started on prednisone 40 mg daily and discharged home two days later. One month after diagnosis and starting corticosteroids, she is now asymptomatic. Her CA 19-9, lipase, and liver function tests have normalized.