

PANCREAS MASSES

- 59-year old woman

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CASE STUDY

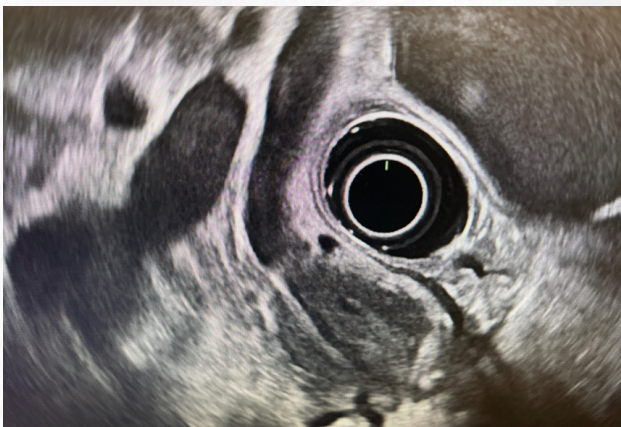
59 year-old previously healthy woman presented to her internist in 11/2023 with 5 months of worsening left hip pain with walking and going up steps. X-rays were performed and revealed lytic lesions of the left greater trochanter and proximal left femoral shaft.

Biopsy was performed and revealed a plasma cell neoplasm. PET/CT confirmed extensive areas of hypermetabolism throughout the osseous structures, consistent with active myeloma. She then underwent treatment with carfilzomib, cyclophosphamide and dexamethasone. In 3/2024 she underwent successful stem cell transplantation.

She was then seen in 2/2025 with 1 month of worsening epigastric pain. Initial lab evaluation showed WBC $2.9 \times 10^3/\mu\text{L}$; hemoglobin 11.6 g/dL; platelets $214 \times 10^3/\mu\text{L}$; total bilirubin 2.7 mg/dL; alkaline phosphatase 261 U/L; and ALT 469 U/L.

CT was obtained and showed multiple pancreas masses, mild peri-pancreatic stranding, and mild extrahepatic bile duct dilation. EUS was performed next.

EUS

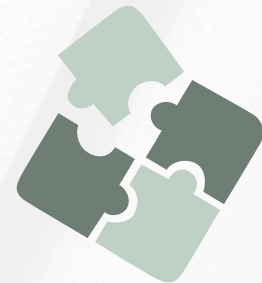


EUS revealed numerous circumscribed hypoechoic 2-3 cm pancreas masses throughout the gland.

AT A GLANCE

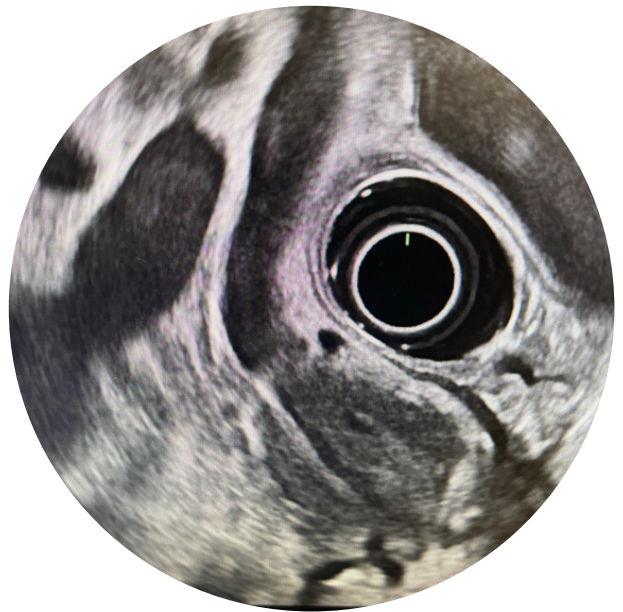
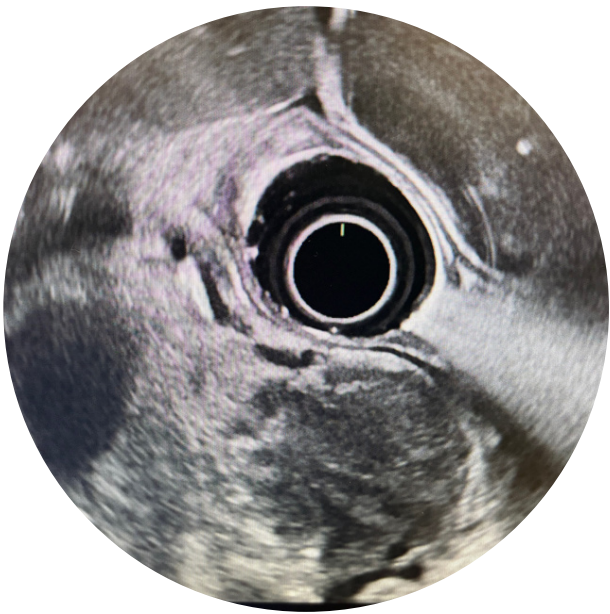
CHALLENGES

- Pancreas masses
- History of multiple myeloma
- Jaundice
- Non-diagnostic EUS/FNB



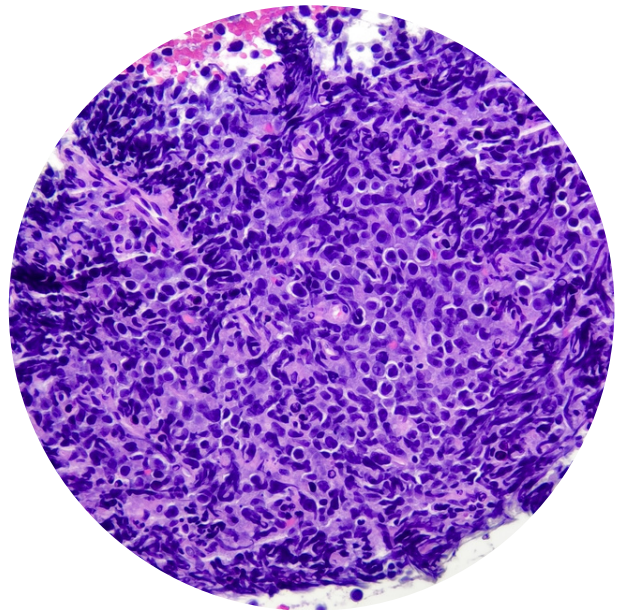
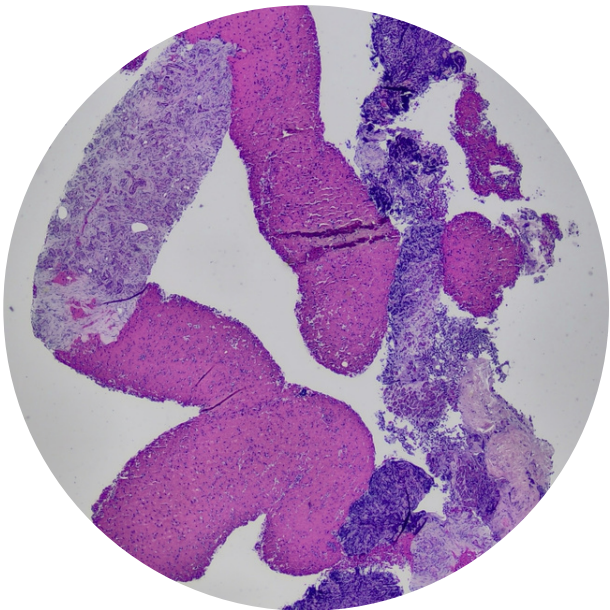
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The distal bile duct was encased by tumor. No pathologically enlarged lymph nodes were found in the upper abdomen. FNB was performed of the head of pancreas mass using a conventional Franseen-tip 22 gauge needle in 3 passes. Fragmented tissue was obtained. Although atypical lymphocytes and epithelial cells were identified, the material was non-diagnostic. Flow cytometry had too few cells for evaluation. Repeat EUS was then performed the next day.

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. This is critical if lymphoma is suspected. Representative images of the core biopsy are below.





Pathology revealed the following findings:

Pancreas, head, biopsy:

- Plasma cell neoplasm.***
- Reactive pancreatic tissue present, negative for carcinoma.***

-Comment: Kappa restricted plasma cells (18% of total cells) are positive for CD81, and negative for CD19, CD20, CD56, CD117, CD28 or CD27. Mature B-cells appear polyclonal.

OUTCOME

The patient underwent ERCP and a bile duct stent was inserted across a tight distal biliary stricture. She was started on salvage chemotherapy for relapsed and fulminant multiple myeloma. This consisted of daratumumab, carfilzomib, pomalidomide, and dexamethasone. She is being considered for CAR-T.