VASCULAR PANCREAS MASS

- 62-year old woman

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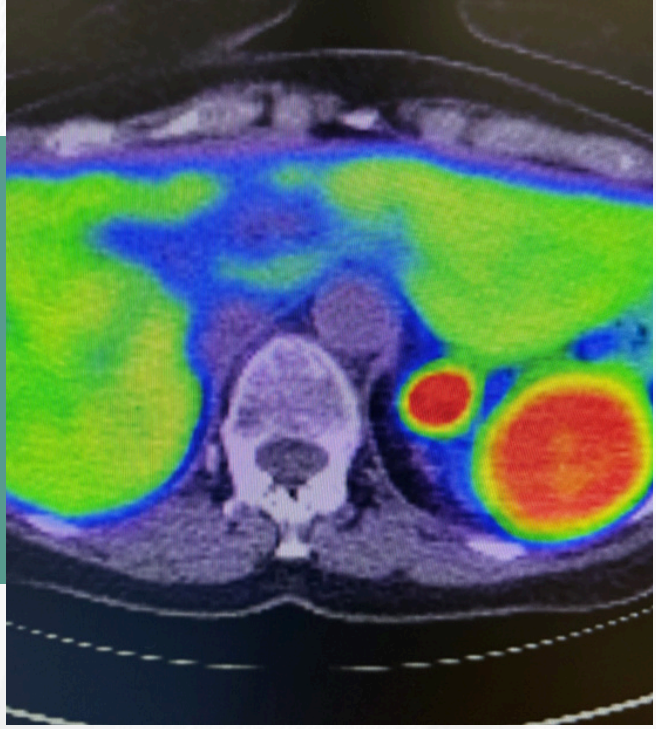


CASE STUDY

62-year old woman with a history of fibromyalgia and osteoarthritis; presented to her internist with RUQ abdomen pain for 3 months. She underwent abdomen ultrasound suggesting a focally-dilated distal pancreatic duct. MRCP was ordered next.

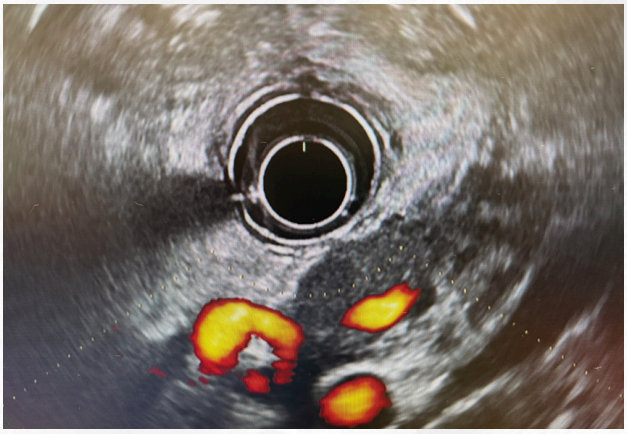
MRCP showed mild hepatic steatosis; normal bile duct and gallbladder; and 8 mm focus of increased DWI in the pancreatic tail. The pancreatic duct in this area was focally dilated. The radiologist raised the possibility that this lesion represented a neuroendocrine tumor.

As such, she underwent dotatate PET scan, which confirmed a small but markedly tracer-avid circumscribed mass in the pancreatic tail (image above).

C-peptide was elevated at 5.9 ng/mL and proinsulin level was also elevated at 13.8 pmol/L. Glucose was normal.

She then underwent EUS for further evaluation.

EUS



EUS revealed a single hypoechoic well-circumscribed 8 mm hypervascular lesion in the tail of the pancreas.

AT A GLANCE

CHALLENGES

- Pancreas mass
- Small hypervascular lesion
- Narrow biopsy window
- Suspected NET

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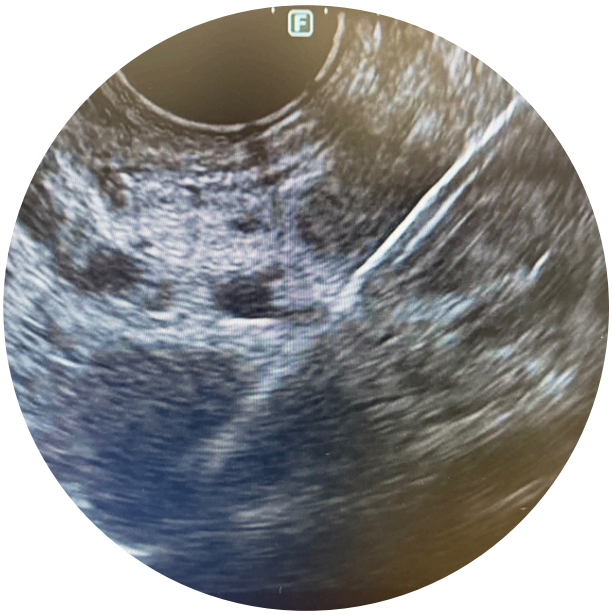
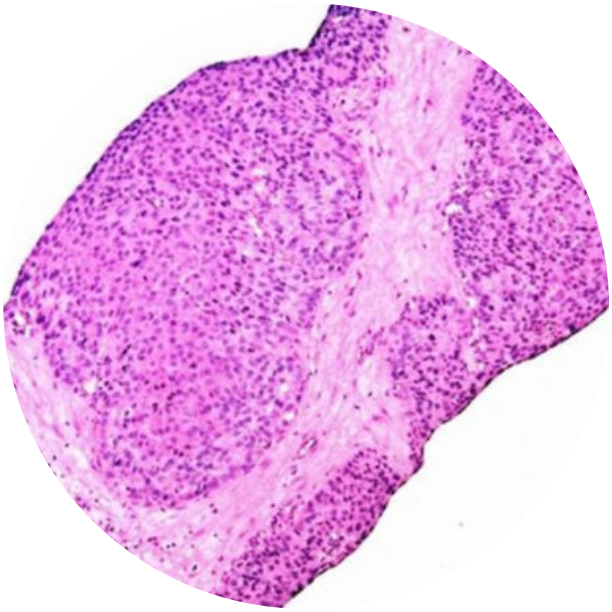
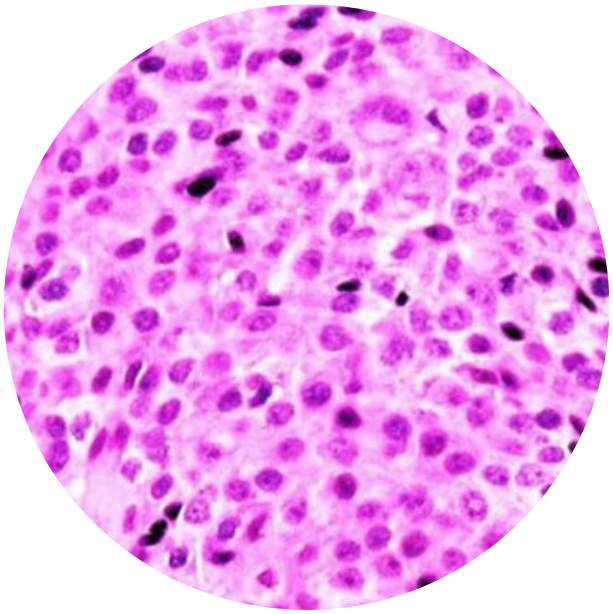


The remainder of the pancreas was unremarkable. The lesion appeared to displace and compress the distal pancreatic duct. No lymphadenopathy was found. Only one short and narrow window was identified for safe core biopsy of this lesion.

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 in one pass. This was critical given the hypervascular nature of the tumor. Representative images of the core biopsy are below.





Pathology revealed the following findings:

Pancreas, tail, biopsy:
- Well-differentiated neuroendocrine tumor (G1)

-Comment: Ki-67 index 5%

OUTCOME

The patient is currently being considered for endoscopic ablative therapy vs distal pancreatectomy.