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ENUCLEATION FOR SOLID PSEUDOPAPILLARY TUMOR OF THE PANCREAS IN A 46 YEAR OLD FEMALE: A CASE REPORT

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Background : This is a case of a solid pseudopapillary tumor (SPT) of the pancreas in a 46 year old female who consulted in a tertiary government hospital due to an incidental finding of a pancreatic head mass on ultrasound and a predominantly cystic pancreatic head neoplasm with calcified walls). Enucleation was done revealing an SPT of the head of the pancreas which is a rare pathology of the pancreas accounting to only 1-2% of all pancreatic neoplasms.

Methods : The patient is a 46 year old female, a known case of chronic kidney disease and hypertensive cardiovascular disease diagnosed 3 months prior to consult, both managed medically. She has good baseline functional capacity. Family history and personal/social history were unremarkable. 4 weeks prior to consult, she had her patient had her KUB ultrasound done as part of the work up for her chronic kidney disease. There was also an incidental finding of a fairly-circumscribed heterogeneously hypoechoic solid mass with calcifications measuring 4.1 x 3.4 x 3.1cm at the region of the uncinate process of the pancreas. Hence triphasic whole abdominal CT scan (pancreatic protocol) was done. Physical examination was also unremarkable, no palpable mass abdominal mass noted and no tenderness. She was advised to undergo endoscopic ultrasound with fine needle aspiration biopsy of the pancreatic mass hence consult at our institution for second opinion. Unfortunately, since our institution is not equipped with an endoscopic ultrasound, we offered the patient outright exploratory laparotomy, with frozen section of the pancreatic mass, intraoperative ultrasound, possible duodenal-sparing pancreatic head resection for benign lesions or pancreaticoduodenectomy if there was note of malignancy, for which the patient agreed.

Results : Surgery revealed a 3 cm cystic mass with calcified walls at the pancreatic head of the pancreas. Since the cyst was noted to be non-communicating with the pancreatic duct on intraoperative ultrasound, enucleation was done and specimen was sent for frozen section. "Round cell neoplasm" was noted by our pathologist and permanent staining was needed for a more thorough assessment. We then appraised the relatives of aborting the planned duodenal-sparing pancreatic head resection since we were able to remove the cyst via enucleation. Final histopathologic report is Solid Pseudopapillary Tumor. Short term follow up was uneventful.

Conclusions : Enucleation is noted to be feasible in benign lesions located in the head and uncinate process of the pancreas with less risk of complications than more radical procedures.

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