Cystadenoma of the pancreas

(A Case Report)

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INTRODUCTION

Cystadenoma of the pancreas is not an uncommon entity. About 300 cases are reported in the world literature (Hogkinson et al, 1978). In 1978, two clinicopathologic studies of pancreatic cystadenoma from Armed Forces Institute of Pathology and Mayo Clinic were published which have given a comprehensive review of this tumour (Hogkinson et al, 1978; Compagno and Oertel, 1978). These reports should have increased the clinical awareness of this rare condition; however, in the differential diagnosis of an upper abdominal swelling, the diagnosis is still made only at operation. This report is to document one typical case of cystadenoma of the pancreas in South India.

CASE REPORT

A 30 year old woman presented with upper abdominal pain and a mass in the abdomen of 5 years' duration. The pain was felt mostly in the epigastrium with no radiation to the back, dull and aching in character, increased with food and relieved by vomiting, which was usually induced. There was no history of loss of weight.

On examination, she was in good health. A non-tender, firm, nodular mass, moving with respiration, was palpable in the epigastrium to the left of the midline. Liver and spleen were not palpable.

Barium meal examination showed indentation of the lesser curvature of the stomach by an extrinsic mass, containing speckled calcification. A liver scan performed with 131I-Rose Bengal showed normal hepatic uptake. There was no concentration of the isotope in the mass. Serum amylase concentration was 300 Somogyi units. She was not diabetic.

At laparotomy, a firm, nodular mass measuring 10 x 6 x 6 cm was found to arise from the body of the pancreas. It presented above the lesser curvature of the stomach. It was well encapsulated and was not adherent to the stomach, colon or spleen. The head and tail of the pancreas were normal.

Distal pancreatectomy and splenectomy were done. The patient had an uneventful recovery.

The surgical specimen consisted of the body and the tail of the pancreas with the tumour and the spleen. The tumour measured 10 x 6 x 6 cm and was bussulated with a smooth glistening fibrous capsule and prominent vascular channels. A few translucent cysts could be seen through the capsule. The cut surface showed a spongy cystic appearance, the cysts varying in size from less than 1 mm to 2 cm in diameter (Fig. 1). The cysts contained clear fluid with focal areas of haemorrhage. The connective tissue separating the cysts was sparse except in the centre where, a firm stellate calcified mass of connective tissue measuring 4 x 2 cm was present. Microscopically, the cysts were lined by a single layer of cuboidal or flattened cells with central nuclei (Fig. 2). In areas these cells were piled up in small papillary infolding. The epithelial cells lining the cysts gave a strong PAS-positive reaction. The connective tissue in between cysts at the periphery of the tumour was scanty and showed hyalinised collagenous tissue with mucinous degeneration and spotty calcification. At the centre of the tumour, wider connective tissue bands separating the cysts had dense calcification. A dense band of connective tissue with entrapped atrophic pancreatic acini, ducts and islets were seen separating the tumour from the pancreatic tissue. There was no evidence of infiltration of adjacent pancreatic tissue. This appearance was typical of a microcystic adenoma (Hogkinson et al. 1978).

COMMENTS

This patient presented with the typical history of pancreatic cystadenoma with abdominal pain.
Fig: 1. Showing, on the left, the cut surface of a well circumscribed multicystic tumour arising from the body of the pancreas. Tail of the pancreas and spleen are seen on the right.

Fig: 2. Higher power view showing flattened and cuboidal cells lining the cysts (x 620).
and an epigastric lump as the presenting features. The presence of speckled calcification, in abdominal X-ray, should have led us to suspect the diagnosis although calcification is reported in only 10% of cases (Piper et al, 1962). This tumour is considered to be frequent in the higher age group and also to be more prevalent in females (Compagno and Oertel, 1978). Weight loss may be a prominent feature (Piper et al, 1962; Solomon, 1965) but was absent in our patient. Although the pancreatic mass usually does not move with respiration, in the present case its large size and close apposition to the liver produced respiratory movements. Useful diagnostic adjuncts are angiography which shows a tumour blush without distortion of the pancreatic vasculature (Bieber and Albo, 1963) and ultrasonography which shows a characteristic appearance (Wolson and Wells, 1976).

A pre-operative diagnosis is rarely possible unless the condition is kept in mind. The prognosis, after surgical excision, is excellent in this type of microcystic adenomas which do not show malignant potential.

**SUMMARY**

A case of cystadenoma of the pancreas presenting with abdominal pain and epigastric mass is reported and discussed with reference to the rarity of this entity.

**REFERENCES**


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**Ovarian teratoma:**

An atypical presentation

(A Case Report)

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**INTRODUCTION**

Teratomas are not uncommon; however, an ovarian teratoma presenting as an abdominal swelling associated with pain, vomiting and other atypical symptoms is rare. We report below such an unusual case which came under our care.

**CASE REPORT**

B., a 10 year old female child presented to us on 28th May 1979 with complaints of a gradually increasing swelling and pain in the abdomen for the last one year, vomiting for the last eight months along with occasional diminished urinary output. There was a definite reduction in the size of the swelling during the treatment but returning to the original size when the drugs were discontinued.

On examination, the child was found to be anaemic and pale. A freely mobile, visible lump in the right lumbar region was detected. It was 4" x 4" in size, firm in consistency, tender, non-tender and was separate from the liver.

Haemogram was normal except the haemoglobin which was 7.0 gm%. Urine culture grew...