37 year old female with no comorbid, was in usual state of health one month back when she started having abdominal pain. It was more marked on left side and radiated to back. Pain was relieved by analgesics and was not associated with nausea or vomiting. No past history of jaundice or weight loss. On examination there was a swelling in abdomen which was gradually increasing in size.

Investigations showed CA-19.9 level to be 26.9 U/ml. Computed tomography of abdomen showed cystic mass arising from pancreatic body with internal septations and measured around 14cm. (Figure 1) on endoscopic ultrasound there was a large mass between spleen and liver, origin of which could not be ascertained. CEA levels of cystic fluid were 9557 ng/ml. Fine needle aspiration of mass showed mucinous cystic adenoma.

Case was discussed in multidisciplinary meeting and it was decided to proceed with surgery as the patient belonged to a high risk group according to sendai consensus guidelines. Surgery was performed and showed large mass arising from distal pancreas, therefore distal pancreatectomy and splenectomy was performed. Histopathology showed mucinous cystic neoplasm with intermediate grade dysplasia.

Tumor was 0.5 mm from closest posterior margin. Spleen did not show any significant pathology. 10 nodes were identified which were reactive.

There have been few studies in literature describing the nature of pancreatic mucinous cystic neoplasms [1]. These neoplasms can occur in any part of the pancreas. Solid pseudo papillary tumours are rare and have a low tendency for malignancy [2,3], and are usually located in the pancreatic body or tail. Endoscopic ultrasound has emerged as the investigation of choice for diagnosing such lesions [4]. Sendai consensus guidelines have classified patients into high risk and low risk groups for malignancy. Patients who are symptomatic, lesions ≥ 3cm, solid component and dilatation of main pancreatic duct were classified as high risk group [5].
multiloculated tumor arising from body and tail of pancreas (white arrow).

Figure 2: Resected specimen showing distal pancreas with cyst and spleen, removed in Toto

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