[Letter] A cystic lesion mimicking pancreatic neoplasm

Article (Accepted Version)


This version is available from Sussex Research Online: http://sro.sussex.ac.uk/id/eprint/100701/

This document is made available in accordance with publisher policies and may differ from the published version or from the version of record. If you wish to cite this item you are advised to consult the publisher's version. Please see the URL above for details on accessing the published version.

Copyright and reuse:
Sussex Research Online is a digital repository of the research output of the University.

Copyright and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners. To the extent reasonable and practicable, the material made available in SRO has been checked for eligibility before being made available.

Copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

http://sro.sussex.ac.uk
A Cystic Lesion Mimicking Pancreatic Neoplasm

Running title: A Cystic Lesion

D.A. Zinovkin¹, S.L. Achinovich², I.V. Mikhailov³, E.S. Zinovkina⁴, M.Z.I. Pranjol⁵

¹Department of Pathology, Gomel State Medical University, Gomel, Belarus;
²Department of Pathology, Gomel Regional Clinical Oncological Clinic, Gomel, Belarus;
³Department of Pathology, Gomel State Medical University, Gomel, Belarus;
⁴Department of radiology, Gomel City Clinical Polyclinics, Branch № 2, Gomel, Belarus
⁵School of Life Sciences, University of Sussex, Falmer, Brighton, UK.

Corresponding author:

Pranjol M.Z.I. BSc. (Hons.), MSc., PhD.
School of Life Sciences, University of Sussex, Brighton BN1 9QG, United Kingdom.
Tel/Fax: +44 (0)1273 876953
Email: z.pranjol@sussex.ac.uk

Conflict of interests: No potential conflict of interests declared

Number of words: 438
Number of figures: 2
Number of tables: 0
To the Editor,

A 54-year old male patient was admitted with complaints of periodical pain in the upper abdomen, CA-19.9 – 51 U/ml (reference range < 37 U/ml). Blood tests were normal. However, ultrasound scan results revealed growth of a pancreatic tumor over 52×38 mm. A CT scan was performed for further characterization of the lesion. A tumor mass of 54 mm in diameter of the pancreatic body was found. There was no differentiation of lesion border with pancreas body (Fig. 1). Surgical resection was performed without preoperative biopsy following the consensus of the International Study Group of Pancreatic Surgery which states that in the presence of a solid mass suspicious for malignancy, a biopsy proof is not required before proceeding with resection (1). A soft consistence pancreas cyst with pus-like content was resected during surgical operation. Histopathology examination revealed a presence of squamous epithelial-lined cysts in the pancreas (Fig. 2A), with lymphoid tissue surrounding the epithelium (Fig. 2B). A positive expression of CK5 (Fig. 2C) was revealed adjacent to the squamous epithelium of the cyst with lymphoid tissue predominantly expressing CD3 marker (Fig. 2D). The diagnosis of the lymphoepithelial cyst of the pancreas was conducted based on the above data. Postoperative period passed without any complications and the patient was discharged from the hospital in good health.

Lymphoepithelial cyst of the pancreas is an extremely rare, benign cyst mimicking pseudocyst or cystic neoplasm of the pancreas (2). It is reported to be approximately 0.5% of all pancreatic cysts. Luchtrath et al. first reported lymphoepithelial cyst in 1985, and Truong et al. named these lesions lymphoepithelial cysts of the pancreas in 1987 (3). The theories suggest that the formation of the cysts arises from squamous metaplasia of the pancreatic ducts or derivation from epithelial remnants in lymph nodes or possible displacement of branchial cysts during the pancreatic embryogenesis (4). Unlike other true pancreatic cysts, lymphoepithelial cysts do not have any malignant potential.

References


Fig. 1. – CT scan showing pancreatic lesion

Fig. 2. – A. Lymphoepithelial cyst in the pancreas tissue; B. Squamous epithelium in close association with lymphoid tissue; C. CK5 expression by squamous epithelium of cyst wall; D. CD3 expression by lymphoid component of the cyst wall.