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Letters to the Editor

Xanthogranulomatous pancreatitis: a lesion that mimics pancreatic cancer

Key words: Xanthogranulomatosis. Pancreatitis. Pancreatic mass.

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Dear Editor,

Xanthogranulomatous pancreatitis (XGP) is an extremely rare entity. In most cases, XGP is preoperatively misdiagnosed as a pancreatic neoplasm. The pathogenesis is not well established (1). To our knowledge, only 15 cases have been reported in the English language literature. Surgical resection was performed before the histologic diagnosis in all published cases. We report the first case of XGP described in Spain, diagnosed by CT-guided biopsy, without requiring surgical resection, in a patient initially diagnosed as having a pancreatic neoplasm.

Case report

An 80-year old woman was admitted to our hospital with a long evolution of epigastric pain and weight loss, without a previous history of infections or pancreatic diseases. Laboratory tests: bilirubin 0.7 mg/dl, amylase 80 u/l, C-reactive protein 6.7 mg/l, transaminases and tumor markers were normal. A computed tomography (CT) scan revealed a mass in the pancreatic head suggestive of adenocarcinoma. The endoscopic ultrasonography (sectorial) showed an inconclusive heterogeneous area in the pancreatic head. Fine needle aspiration (two passes, by a cytologist) showed no malignant cells. A positron emission tomography-CT scan was performed and showed a hypermetabolic nodule suggestive of malignancy. On the basis of the possible diagnosis of a malignant neoplasm of the pancreas in an elderly patient, a guided-CT biopsy (Tru-Cut) of the lesion was performed and showed an XGP. A conservative approach was taken. At the 6-month visit, no changes in the CT were found.

Discussion

The pathogenesis of the XGP is not well understood. The XGP is a benign entity and occurs mainly in male patients with a mean age of 56 years. The most common symptom is abdominal pain. The initial diagnosis in most reported cases is pancreatic malignancy, and in all cases surgical resection (2-5) has been performed. Although XGP is a very rare entity, it is important to recognize this uncommon entity in the differential diagnosis of pancreatic tumors.

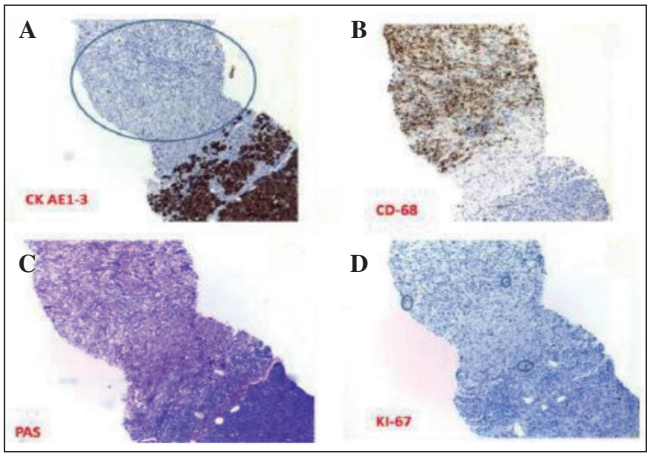

Fig. 1. Anatomo-pathologic findings of XGP. A. Note the negativity of the lesion for CK AE1-3 (circle). B. Positivity against the macrophage marker CD 68. C. Negativity against PAS. D. Nuclear proliferation index KI- 67 less than 1%.

Belén Navarro, Esteban Sáez-González and Juan Ortuño

Gastroenterology Unit. Department of Digestive Medicine. Hospital Universitari i Politècnic La Fe. Valencia, Spain

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