

PICTURES IN DIGESTIVE PATHOLOGY

Pancreas Burkitt primary lymphoma in pediatric age

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CASE REPORT

We present the case of an eight-year-old boy admitted with non-specific abdominal pain. An analytic study revealed a high level of lipase and amylase.

Ultrasound, abdominal computerized tomography (CT) (Fig. 1), and abdominal magnetic resonance imaging (MRI) (Fig. 2) were performed.

The imaging findings are suggestive of a pancreatic tumor which is an extremely rare entity in children (1). The bifocality and the absence of adenopathies was suggestive of a primary lymphoma. Primary pancreatic lymphoma is less common than secondary lymphomatous involvement. The biopsy identified Burkitt lymphoma.

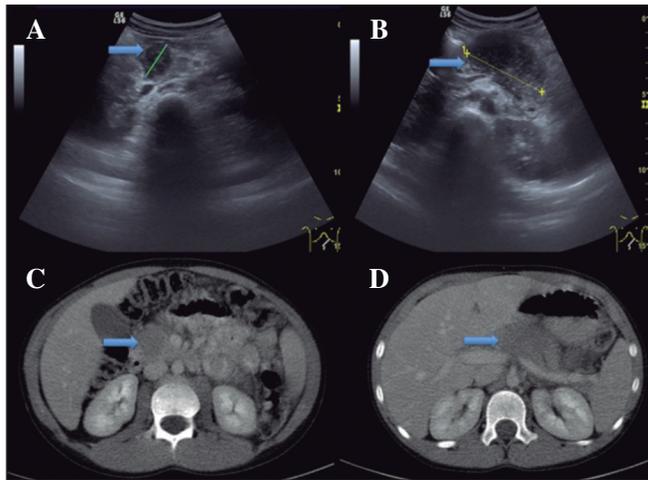


Fig. 1. A and B. Ultrasound shows two hypoechoic lesions in the pancreas: one in the head (A-arrow) and the other in the body (B-arrow). C and D. The axial contrast-enhanced CT image shows hypodense and hypovascular soft tissue mass involving both the head of the pancreas (C- arrow) and the body (D arrow). Image D shows some densification of the peripancreatic tissues.

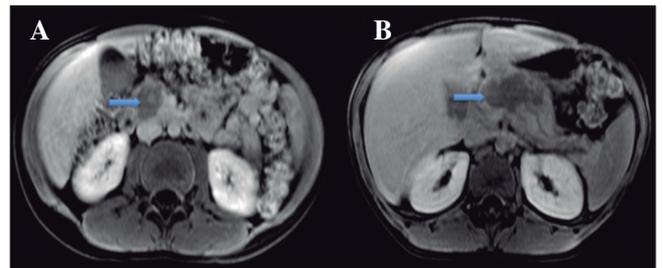


Fig. 2. The axial contrast-enhanced MRI image shows a hypointense mass involving both the head of the pancreas (A-arrow) and the body (B-arrow). Image B shows a prominent Wirsung channel.

DISCUSSION

There are a few cases of pancreatic Burkitt lymphoma described in the literature (2). The pancreatic involvement can be considered as a solitary lesion, multiple lesions, or diffuse infiltration of the gland (3). Alterations of the peripancreatic plans are also frequently reported, and can be a consequence of secondary pancreatitis or pancreatitis related to tumor lysis syndrome (2).

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