



CASE REPORT

Cystic lesion of the pancreatic duct in the head of the pancreas in a 46 years old female patient

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DIAGNOSES

Unspecific upper abdominal pain. Condition after appendectomy

CASE HISTORY

46 years old female with unspecific upper abdominal pain, nausea and vomiting. Admitted for further investigation.

PHYSICAL INVESTIGATION

Blood pressure 120/80 mm Hg. Heart frequency: 76/min. Cardiopulmonary within the standard range. Abdomen: tender to touch within the range of the liver.

LABORATORY

Hb : 12,3 ; Hat : 37 ; Leucocytes : 2,4 ; Thrombocytes :224 ; Protein totally : 8,3 ; Albumin : 4,5 ; Bilirubin total 0,82 ; SGOT : 13 ; SGPT : 15 ; Gamma GT : 27 ; Alkaline Phosphatase 66 ; Urea : 18 ; Kreatinin 1,0 ; CEA :1,48 ; Ca 125 : 2,62 ; Ca 19,9 :4,4

MRI OF UPPER ABDOMEN AND MRCP

Enlargement of the pancreatic head with a lesion of 4.4 x 4.3 cm. Contrast enhancing cyst measuring 2.7 X 2.4 x 2.5 cm. Only special contrast MRCP revealed cyst of pancreatic duct in the head of pancreas. Suspicion of IPMT (intrapancreatic mucinous tumor).

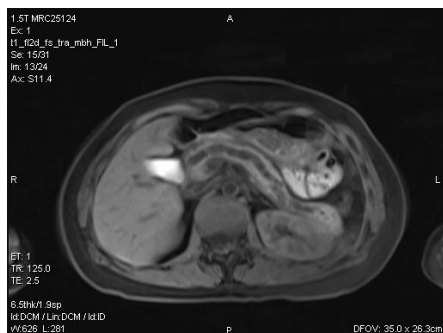


Fig. 1: Distended pancreatic duct, atrophied pancreatic parenchyma. Suspicion of obstruction of the pancreatic duct in the head of the pancreas.

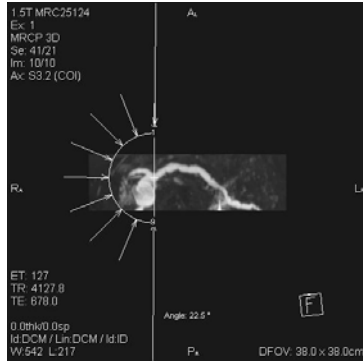


Fig. 2: MRCP with contrast medium in the pancreatic duct demonstrating a dilatation of the very distal part.



Fig. 3: MRCP with contrast medium confirms dilatation of the pancreatic duct without dilatation of the common bile duct.

INDICATION

Cystic lesion in the head of the pancreas as anatomical anomaly is an indication for resection with suspicion of malignant differentiation.

OPERATION

- Duodenopancreatectomy according to Traverso and Longmire
- Hepaticojejunostomy
- Pancreaticojejunostomy
- Gastrojejunostomy ; gallbladder resection

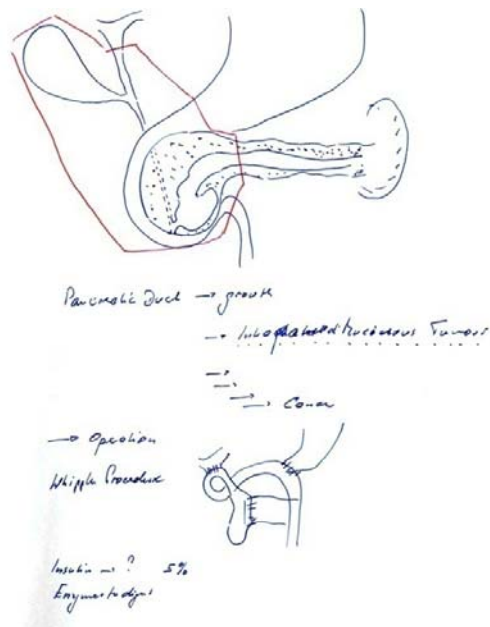


Fig. 4a: Diagram of the intended operation

Fig. 4b: Diagram of the Traverso Longmire procedure



Fig. 5: Intraoperative photo of situs.

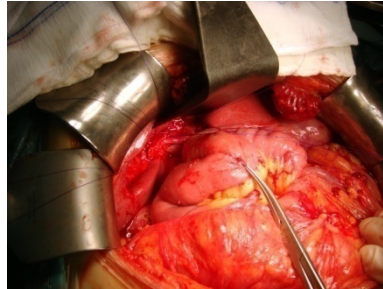


Fig. 6: Photo after reconstruction

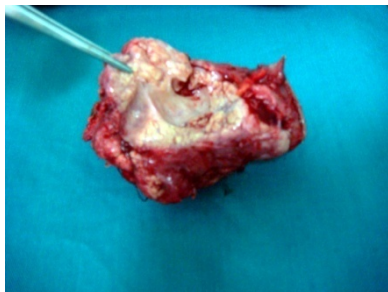


Fig. 7: Resected specimen with
dissected pancreatic duct.

HISTOLOGY

Mucinous cyst adeno carcinoma of the pancreatic duct in chronic pancreatitis

POSTOPERATIVE DIAGNOSIS

Mucinous cyst adeno carcinoma of the pancreatic

CLINICAL COURSE

Uneventful

PROBLEMS

Cystic lesions in the head of the pancreas without prior chronic pancreatitis are always suspicious for malignancy. In any case they represent premalignant lesions that have to be removed. The difficulty lies in the differential diagnosis and the timing for the resection.