



# CASE REPORT

**Pancreatic cysts in body and tail of a 59 year old female patient**

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## PREOPERATIVE DIAGNOSES

Benign pancreatic cyst of pancreatic body and tail.

## CASE HISTORY

This 59 years old female patient had a history of six months of upper abdominal pains accompanied by nausea. Arterial hypertension and diabetes mellitus were known. Ten years prior to admission a cystojejunostomy for a benign pancreatic pseudocyst had been performed.

## FINDINGS

Blood pressure values: 130/80 mmHg. Heart frequency 92/min. Cardiopulmonary examination without pathological findings. Scar in the upper abdomen.

## LABORATORY EXAMINATIONS

Hb : 12.8 , Ht : 40 ; Leucocytes : 9,6 ; Thrombocytes : 256 ; Albumin : 4,5 ; SGOT : 92 ; SGPT : 35 ; Gamma GT : 116 ; Alkaline. phosphates : 113 ; Amylase : 14 ; Lipase : 18 ; Urea : 3 ; Kreatinin : 1,0 ; CRP :16 ; CEA : 8.0 CA 19 – 9 : 759,9

## CT SCAN OF THE ABDOMEN

Cystic lesions in the body and tail of the pancreas 14.4 x 6.9 x 7.6 cm. with multiple septae. Common bile duct and pancreatic duct not dilated. Suspicion of serous cyst adenoma, cyst adenocarcinoma or mucous cyst adenoma of the pancreas.

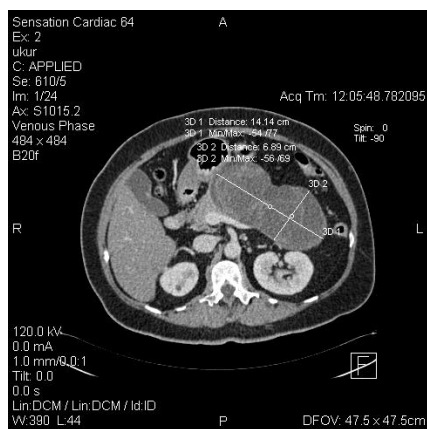


Fig. 1: CT scan with large cysts in pancreatic body and tail with multiple septae



Fig. 2: CT scan with enlarged cystic tail and body of pancreas. Only small bridge of normal pancreatic tissue in the head remains.

## INDICATION

After cystojejunostomy for a benign pancreatic pseudocyst no resolution of the former cysts occurred. These lesions demonstrated in the CT scan are large and not accompanied by a history of chronic pancreatitis. The patient was without any problems after the pancreatico-jejunostomy ten years ago. Unresolving cysts could be a cystadenocarcinoma of the pancreas.

## OPERATION

Resection of tail and body of pancreas (near total pancreatic resection).

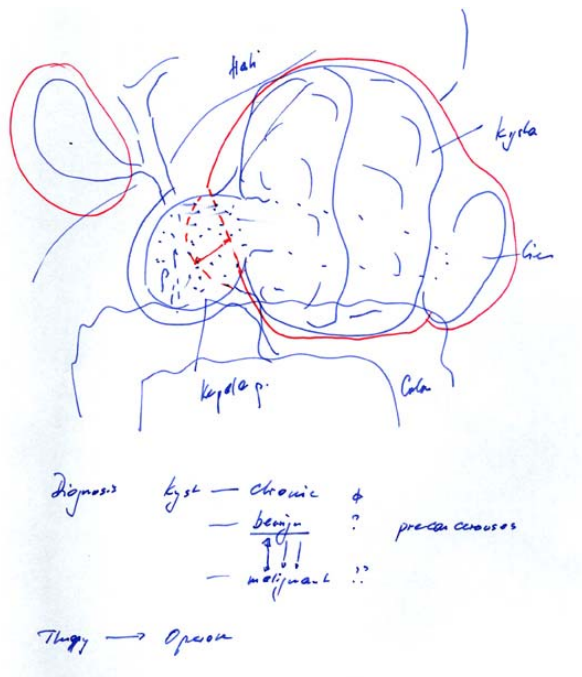


Fig. 3: Diagram of planned resection

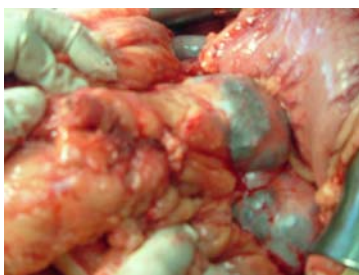


Fig. 4: Intraoperative image showing multiple cystic lesions in the body and tail of the pancreas and an old Roux-en-Y cystic deviation



Fig. 5: resection area in head of pancreas

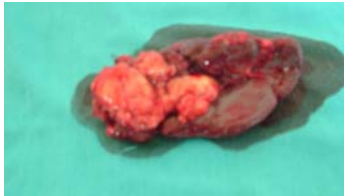


Fig. 6: resected specimen with pancreatic body, tail and spleen

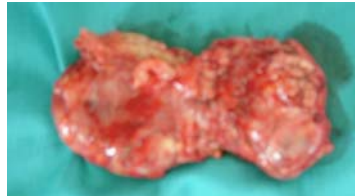


Fig. 7: resected specimen with dissected cysts

## HISTOLOGY

Adenocarcinoma of the pancreatic cysts (Cystadenocarcinoma)

## POSTOPERATIVE DIAGNOSIS

Cystadenocarcinoma of tail and body of pancreas

## CLINICAL COURSE

Uneventful postoperative course. The patient developed a metastasis at the drain site. This tumour could be resected.

## PROBLEMS

Pancreatoprive diabetes treated with insulin.

## DISCUSSION

Cystic lesions of the pancreas that are growing without signs of chronic or acute pancreatitis are always very suspicious for a cystadenocarcinoma. Resection of the free wall of the cysts usually does not prove the diagnosis because the tumorous tissue nearly always lays in the area of the parenchyma hidden behind the cysts. Therefore they must be resected complete with parenchyma.