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Mucinous Cystadenoma of the Tail of the Pancreas Complicated by Superinfection

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1. Introduction

Cystic lesions of the pancreas include several entities, the most frequent of which are: serous cystadenomas, mucinous cystadenomas, intra papillary and mucinous tumors, pseudo papillary tumors. Cystadenomas Mucinous cystic tumors represent 10% of cystic lesions of the pancreas [1]. The usual age of onset is between 40 and 60 years, it is more common in women, the most common location is the body and tail of the pancreas, these cystic tumors are asymptomatic in most cases and of incidental discovery during an ultrasound or MRI abdominal performed for another reason [2]. The management varies according to the nature of the cystic lesion and can range from simple surveillance to surgical resection. Mucinous cysts are benign tumors with a good prognosis and a potential for degeneration [3]. We report the case of a mucinous cyst of the pancreas complicated by superinfection following a biopsy for diagnostic purposes operated on in our department [4].

2. Observation

A 58-year-old woman with non-alcoholic diabetes consulted for diffuse abdominal pain evolving for 3 years. The abdomen is soft and depressible to palpation with a hard and painful epigastric mass of 10 cm long axis. The abdominal CT scan shows a multi loculated cystic mass of the corporal-caudal pancreas of 8*8 cm with thin wall, multiple partitions and calcification in close relationship with the splenic artery and vein and signs of segmental hypertension.

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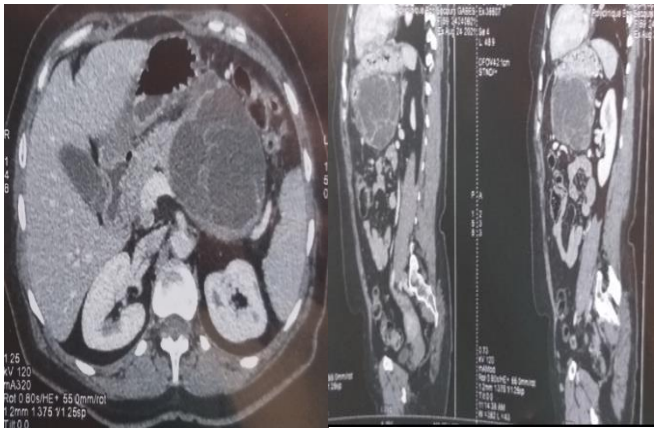

FIG. 1. **Magnetic resonance imaging shows a multi loculated cystic mass of the corporo-caudal pancreas of 8*9 cm.**

Magnetic resonance imaging shows a multi loculated cystic mass of the corporo-caudal pancreas of 8*9 cm with a thin wall and multiple fine partitions with fine parietal calcification, this mass represents a close vascular relationship with the splenic vein and artery (FIG.1).

Additional cystic biopsy with cystic fluid tumor marker assay was done to further support the diagnosis. The CEA level at 27500 ng/ml and CA 19-9 at 47838 U/ml came back high which is in favor of a mucinous cystadenoma.

At D03 the biopsy was complicated by superinfection of the pancreatic mass revealed by abdominal pain, vomiting and fever, justifying the use of antibiotics with a good clinical and biological evolution. One month later, the patient was operated, the intraoperative exploration showed a cystic lesion of the tail and the body of the pancreas of 9 cm in diameter adherent to the gastric antrum and the root of the transverse mesocolon and whose dissection is difficult and dangerous. The cystic puncture returned frank pus. In view of these findings, a biopsy of the cystic wall was performed, and the decision was made to take the patient back after regression of the inflammatory phenomena. A bi-sub-costal laparotomy revealed a cystic mass of the tail of the pancreas with a major axis of 11 cm intimately adherent to the splenic artery. The operation consisted of a cystic excision with splenectomy given the invasion of the splenic vessels (FIG. 2).

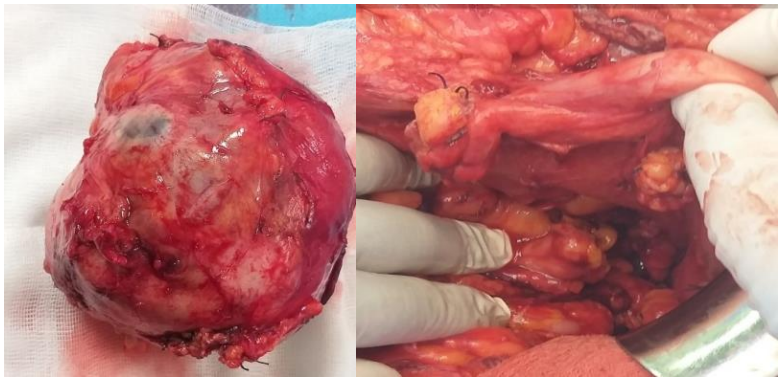

Figure 2. The cystadenoma is excised in its entirety

The anatomopathological study of the surgical specimen concluded to a mucinous cystadenoma of the pancreas in low grade dysplasia. The postoperative course was simple. A two-year follow-up did not show any locoregional recurrence.

REFERENCES

1. Maghrebi H, Makni A. Pancreatic mucinous cystadenoma doubly complicated with acute pancreatitis and rupture in the retroperitoneum. Pan Afr Med J. 2017;28:203.
2. MUCINOUS CYSTADENOME [Internet]. [cited 30 Apr 2023]. Available from: http://memoires.scd.univ-tours.fr/Medecine/Theses/2012_Medecine_ParentNicolas/web/html/index6884.html?option=com_content&view=article&id=9&Itemid=46
3. Cystadenoma of the pancreas | Second Opinion [Internet]. [cited 30 Apr 2023]. Available from: https://www.deuxiemeavis.fr/pathologie/cystadenome-du-pancreas
4. Mucinous cystadenoma of the pancreas [Internet]. [cited 30 Apr 2023]. Available from: https://www.info-radiologie.ch/cystadenome-mucineux-pancreas.php