

Title:

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Giant pancreatic cystic lymphangioma

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Dear Editor,

A giant cystic lymphangioma in the pancreatic body-tail was diagnosed in a 41-year-old patient, with a progressive size increasing in the last year, about 20 cm size, as incidental ultrasound mass.

An ultrasound guided fine needle puncture was performed resulting in benign cystic lesion. Given the increase in size, a surgical intervention was decided. A retroperitoneal cystic tumor dependent on the posterior pancreatic wall was identified and a full laparoscopic resection with pancreas and spleen preservation was performed. The pathological report confirms the diagnosis of benign cystic lymphangioma.

The patient was discharged on the fifth postoperative day without any remarkable complication. After one year of follow-up, the patient remains asymptomatic.

DISCUSSION

Cystic lymphangiomas are benign congenital tumors of the lymphatic system. Pancreatic origin one represents <1 % of all lymphangiomas and only 0.2 % of pancreatic lesions.

Although most are initially asymptomatic, they can develop compression symptoms (1). The expression of cytokeratins CD-31, CD-34, VIII-R and D2-40 can help to differential diagnosis, specially with serous cystadenomas (2).

Hurtado-Pardo et al. obtained a 78.5 % of diagnostic sensitivity with needle puncture, similar to previous studies, considering it the most appropriate diagnostic examination (3).

Standard treatment involves complete resection with free margins. Although these tumors are usually benign, they can invade adjacent organs and may relapse after surgery. Laparoscopic approach is a safe surgical alternative. It improves postoperative pain, facilitates early recovery and early return to work when it's compared with open surgery (4).

In conclusion, the laparoscopic approach is an effective surgical treatment for this pathology, which, despite the difficulty of diagnosis and rare presentation, should be considered in the differential diagnosis of pancreatic cystic tumors (5).

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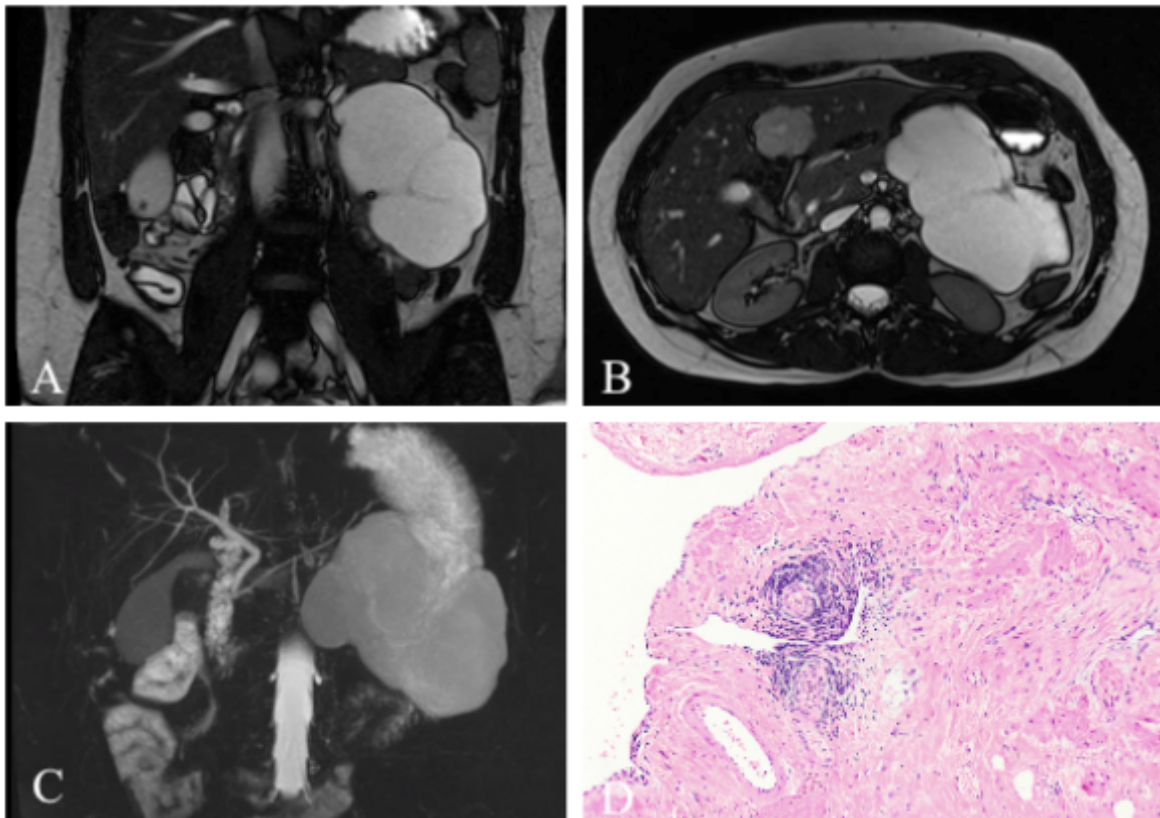


Figure 1. A. Coronal image; B. Axial image; C. Magnetic resonance cholangiopancreatography; D. Microscopic findings