Title:
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Chronic follicular pancreatitis: a space occupying lesion with spontaneous resolution

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Dear Editor,

The authors present the case of a 67-year-old woman with epigastric pain radiating to the back and jaundice (bilirubin 7.5 mg/dl). The ultrasound revealed mild biliary ectasia with no observable cause. MRCP and abdominal CT did not show relevant findings. Endoscopic ultrasonography (EUS) was performed, revealing a 14x15 mm hypoechoic area with irregular edges in the head of the pancreas that raised the differential diagnosis between a mass or an adenopathy (Fig. 1A). The in situ cytological study showed polymorphous lymphoid cellularity, without atypia suggesting neoplasia. The cell block and the immunohistochemical study showed a polyclonal population with a pattern suggestive of chronic follicular pancreatitis (FP) (Fig. 1B). The patient presented spontaneous clinical improvement, with a progressive decrease in colestasis. The EUS follow up three months later shown the pancreatic parenchyma with homogeneous echogenicity and no space occupying lesions were indentified.

Discussion

FP is an extremely odd entity described in 2012[1], characterized by the presence of a pseudotumor that histologically presents lymphoid aggregates and germinal centers[2–4]. It predominantly affects men from middle age and it may be asymptomatic or may present with obstructive jaundice, increased liver enzymes, abdominal pain or weight loss[2–4]. It usually appears as a single mass located predominantly in the tail of the pancreas, followed by the head, body, and uncinate process[3]. In imaging tests, it usually simulates a solid or mucinous neoplasm and, for this reason, most of the cases described in the literature have been diagnosed after surgical resection[2,3,5]. No recurrences have been reported after surgery in these cases and spontaneous resolution has been observed in incomplete resections too, which suggests the indication for conservative management[2]. A case has been described with a good response to corticosteroids, with a considerable decrease in size[4], another case
reports stability of the lesion with follow-up without treatment[3]. In our case, we decided to follow up without treatment, observing a decrease in the size of the lesion after three months.

FP must be taken into account in the differential diagnosis of pancreatic cancer. Cases like this one show the fundamental role of diagnostic EUS to distinguish between two pathologies with such a different prognosis and to avoid, in the case of FP, unnecessary surgeries with the associated morbidity and mortality.

REFERENCES

Fig. 1. A. An hypoechoic space occupying lesion in the pancreatic head assessed by EUS. B. Hematoxylin-eosin: tissue cylinder with lymphocyte cellularity with a pattern of folicular hyperplasia with germinal center.