Title: Incidental finding of an intraductal papillary mucinous tumor with adenocarcinoma focus after variceal bleeding

Authors: María Domínguez Rodríguez, Raúl Honrubia López, Andrés Madrid Vallenilla, Ramón Pajares Villarroya, Carmen Comas Redondo

DOI: 10.17235/reed.2023.9940/2023
Link: PubMed (Epub ahead of print)


This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.
Incidental finding of an intraductal papillary mucinous tumor with adenocarcinoma focus after variceal bleeding

María Domínguez Rodríguez, Raúl Honrubia López, Andrés Madrid Vallenilla, Ramón Pajares Villarroya, Carmen Comas Redondo

Digestive Disease Section. Radiology Unit. Hospital Universitario Infanta Sofía. San Sebastián de los Reyes, Madrid. Spain

Correspondence: María Domínguez Rodríguez
e-mail: mdominguez.ro@gmail.com

Conflict of interest: the authors declare no conflict of interest.

Keywords: Gastrointestinal bleeding. Portal hypertension. Pancreatic cyst.

Dear Editor,
We report the case of a 42-year-old female with no significant past medical history who underwent a gastroscopy due to symptoms consistent with gastroesophageal reflux. The endoscopy revealed the presence of a nodular lesion in the fundus of the stomach (Fig. 1A) that was later biopsied and showed pulsatile bleeding that resolved spontaneously. Upon suspicion of a vascular lesion, she was admitted for further evaluation. The computed tomography (CT) scans revealed the presence of an 8 cm x 8 cm x 9 cm cystic tumor in the pancreatic tail (Fig. 1B), compressing the splenic vein at the hilum, with no signs of splenomegaly. In addition, fundic varices were noted (Fig. 1C). A decision was made to perform a caudal pancreatosplenectomy. The pathological examination of the specimen revealed the presence of ductal adenocarcinoma foci on an intraductal papillary mucinous tumor (IPMT) with clear margins.

Discussion
IPMTs are cystic pancreatic neoplasms that grow within the pancreatic ducts and are characterized by mucin production. Unlike other pancreatic cystic lesions, IPMTs have the potential for malignancy and are considered as precursors of pancreatic adenocarcinoma.

Splenic vein compression due to pancreatic pathology can lead to left-sided segmental portal hypertension with the corresponding development of varices in the fundus and body of the stomach (1,2). The most common causes include acute and chronic pancreatitis, pancreatic pseudocysts and pancreatic cancer. Fundic varices sometimes resemble polypoid masses, which may lead to biopsies in patients without suspected liver disease, as in our case, particularly in less experienced endoscopists. However, they can also present with spontaneous bleeding (3). Therefore, when encountering gastric varices in a patient with normal liver function and a patent extrahepatic portal vein, we should consider the pancreatic origin when conducting the differential diagnoses (4).

Regarding treatment, it should be individualized to match the condition of each patient, as well as the risk of complications. Although this type of lesion has a low rate of malignant transformation (nearly 2 % to 3 %) in the absence of alarming signs, some studies have reported increases of up to 18 % in high-grade dysplasia (HGD) in patients with lesions > 3 cm as the sole risk criterion (5). In the case presented here, the subsequent histological examination confirmed the presence of adenocarcinoma foci.

References

Fig. 1. A. Endoscopic nodular lesion (arrow). B. Computed tomography (CT) (axial) where the presence of a cystic tumor of 8 cm was observed in the pancreas. C. CT (sagittal) pancreatic cyst and varices in the fundus and body of the stomach.