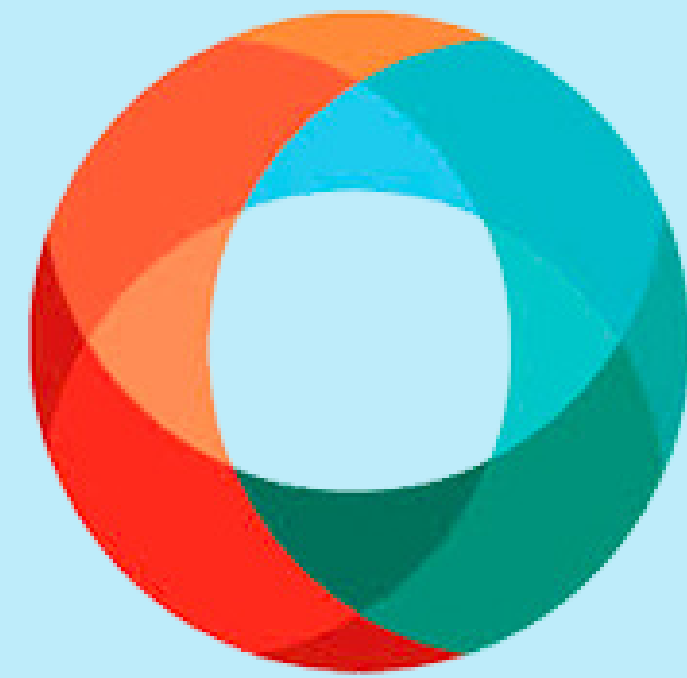




"A GIANT PANCREATIC PSUEUDOMUCINOUS CYST MANAGED WITHOUT DISTAL PANCREATECTOMY "

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INTRODUCTION

Cystic tumors of pancreas are rare. They can be confused with hydatid cyst especially in endemic areas. Pancreatic mucinous cystic neoplasm (MCN) represents one of the most common primary pancreatic cysts & they are usually large, septated, thick walled mutinous cysts that lack communication with the ducal system & occur almost exclusively in pancreatic body & tail of middle-aged women. Large cyst size >8cm has been proposed by some as an indication of underlying malignancy.

CASE REPORT

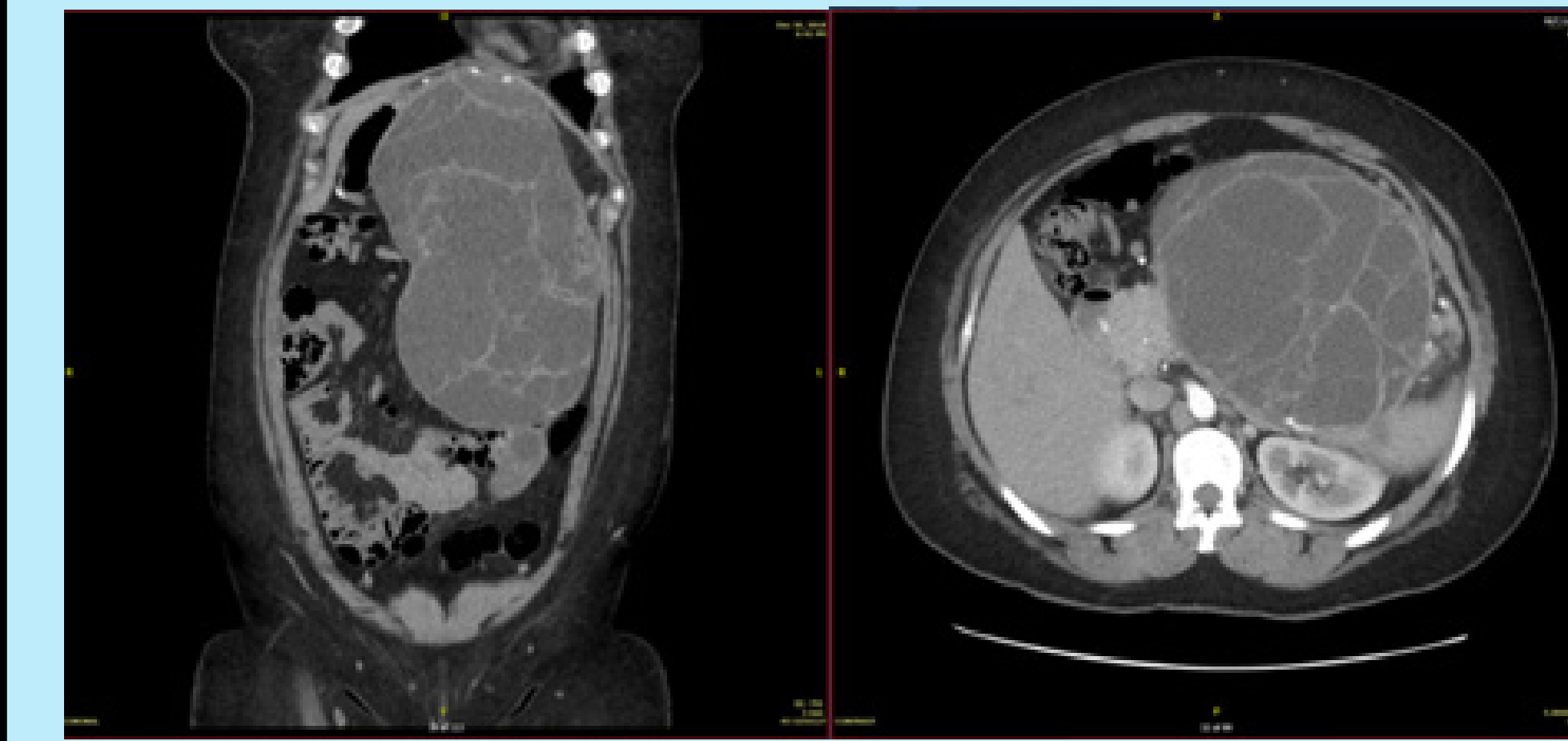
We present a 30-year-old Sudanese lady who presented to our clinic complaining of left sided abdominal discomfort for 2 years which was not associated with any other symptoms. She had a CT scan result which was reported as a liver hydrated cyst. Physical Examination showed: obese patient with a huge mass which was extending from the left upper quadrant to the left iliac fossa, 20x10cm, it was firm, not tender & with no skin changes. Laboratory investigations were within normal parameters & serology results were negative. CT scan of the abdomen with IV contrast was performed & revealed: a large septated cystic lesion occupying most of the left side of the abdomen measuring 15X16.3X24.8cm with thick septations & calcifications. it appears to arise from the pancreas causing mass effect on the adjacent structures. MRI abdomen revealed: Large cystic mass with septations arising from the body and tail of pancreas.

RESULTS

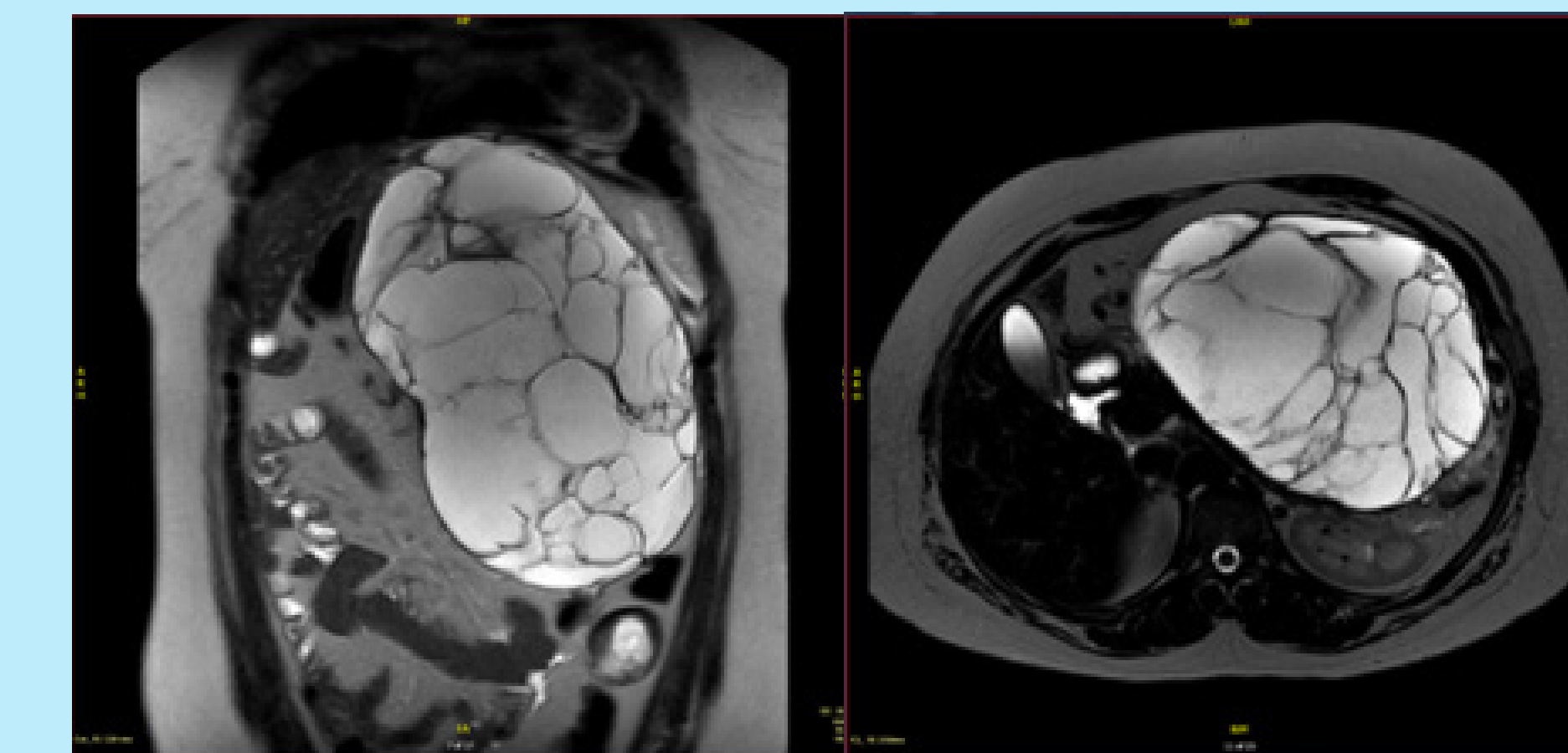
We found intraoperatively a giant mucinous cyst with no relation to the pancreas, which was managed by excision of the cyst with preservation of pancreas & spleen. 4 days post-operative the patient recover well drains were removed with minimal output .in the follow up she was symptoms free.

CONCLUSION

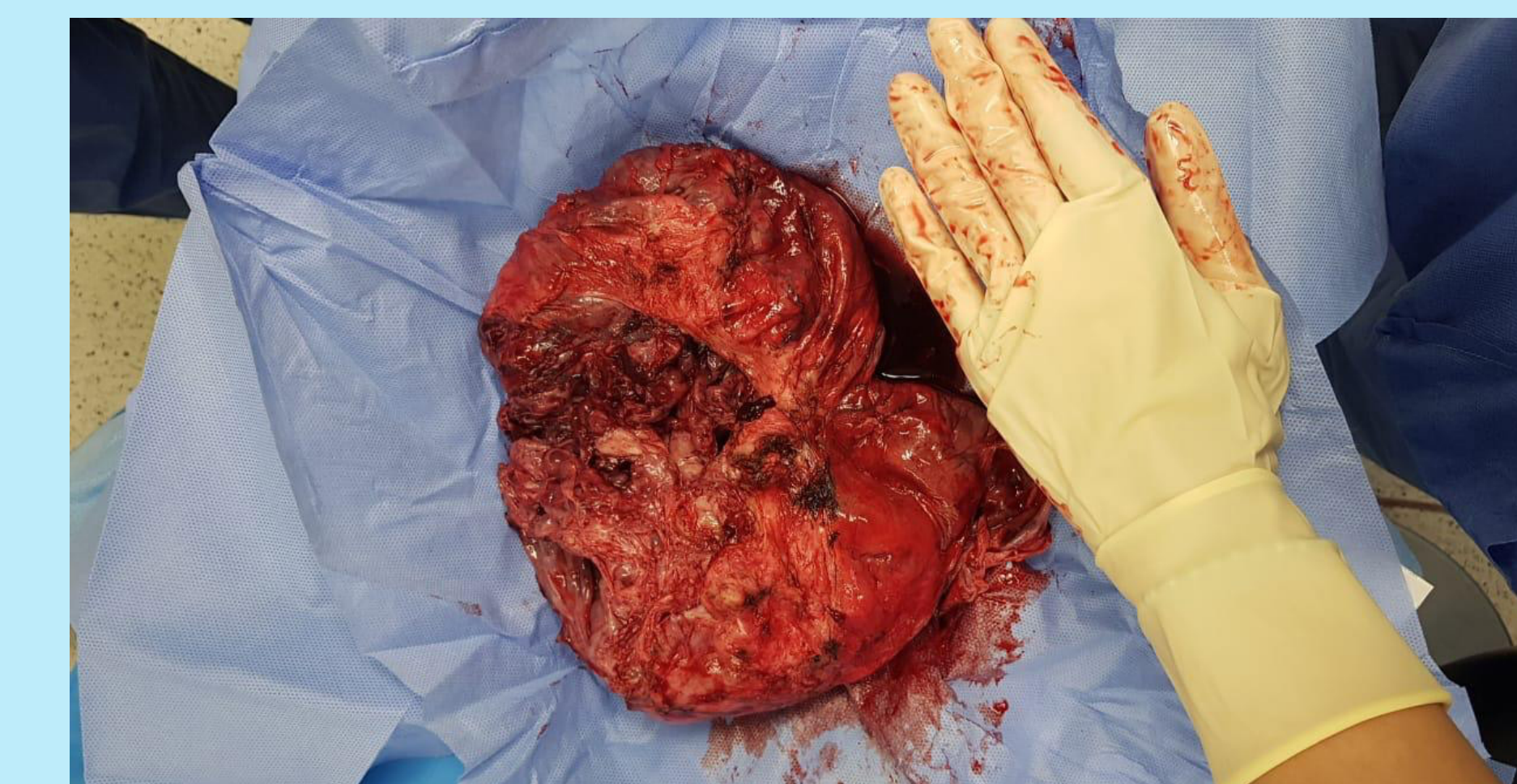
MCN may present with vague abdominal pain, episodes of pancreatitis, fullness, mass and jaundice or nausea. Sensitivity of radiological imaging in differentiating between cystic pancreatic tumors & others are limited. Cyst wall histology is diagnostic & biopsy should be done. Surgical resection is the treatment of choice.



CT Scan



MRI



Post mass excision

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