

Distal pancreatectomy in a patient with pancreatic cyst suspected of malignancy without preoperative histopathological diagnosis. is it possible to recommend surgery without biopsy? case report and literature review

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Introduction

- The management of pancreatic cysts depends on their histology.
- In the cases where endoscopic biopsy is not possible, the therapeutic decision should be based on imaging studies and clinical judgment.
- Pancreatic cysts are estimated to be present in 2-45% of the general population.
- Histologically, they are classified as:
  - Benign
  - Potentially malignant
  - Malignant
- Among the risk factors for classifying a cyst as malignant are
  - Size greater than 3 cm
  - The presence of a solid component
  - A dilated main duct
- Imaging studies support the etiological diagnosis of cysts. However, diagnostic accuracy remains relatively low.
- Endoscopic fine-needle biopsy (FNAB) improves diagnostic accuracy to differentiate mucinous from non-mucinous pancreatic cysts, and malignant from benign, in cases where tomography or magnetic resonance imaging are unclear. However, there are cases where an endoscopic biopsy is not possible due to the anatomical location of the lesion.

Case presentation

- A 68-year-old male patient who was incidentally diagnosed with a 17.8 mm x 17.3 mm x 15.5 mm tumor in the tail of the pancreas after performing an abdominal CT scan during an episode of acute diverticulitis.
- In follow-up studies, a solid component and growth of 9mm are detected for 6 months (Figure 1,2).
- An endoscopic BAAF was not possible. Given the growth of the lesion and the presence of a solid component, it was decided to perform a distal pancreatectomy.

Results

- A laparoscopic distal pancreatectomy and splenectomy were performed.
  - The anterior face of the pancreas was dissected through the transverse mesocolon, and the splenic vein and artery were identified.
  - Section of the splenic artery was performed and later a distal pancreatectomy at the level of the body of the pancreas with a linear stapler.
  - The spleen was dissected, and the piece was extracted through a Pfannenstiel incision.
- Pathological analysis showed a simple multilocular mucinous pancreatic cyst with peripancreatic lymph nodes within normal limits.

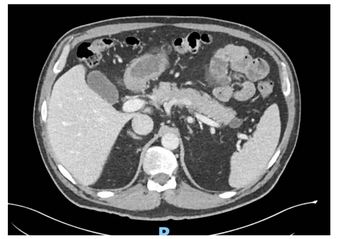


Figure 1

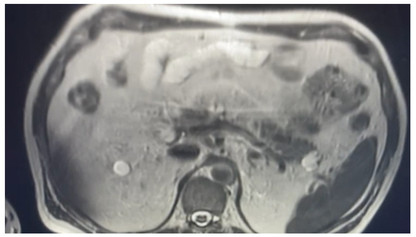


Figure 2

Discussion

- Pancreatic cysts are frequently asymptomatic, and a large percentage are diagnosed incidentally in routine imaging studies.
- Management of pancreatic cysts remains problematic due to the difficulty in clearly and definitively separating between cyst types.
- The reported accuracy for the diagnosis of a pancreatic neoplastic cyst is 40%- 90% for MRI and 13.5%-45% for CT.
- Biopsy is indicated to improve diagnostic accuracy when imaging studies are not enough to regulate therapeutic conduct.
- In many cases biopsies are not possible, which leads to a more aggressive behavior.
- However, there are radiological findings that support the probability of malignancy and are sufficient to justify surgical resection