A Rare Case of Solid Pseudo Papillary Tumor of Pancreas

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INTRODUCTION
Solid pseudopapillary tumor of the pancreas is a rare but characteristic neoplasm first described by Frantz in 1959¹. It afflicts young women, with a 10:1 predominance over men, at an average age of 24 years². Presenting features are usually vague and include abdominal pain, fullness, nausea, and vomiting due to a bulky tumor compressing local structures in the upper abdomen. The tumor is most commonly, but not always, localized to the tail of the gland. Most primary tumors (85–90%) are localized to the pancreas at the time of diagnosis. Although they have low malignant potential, they can invade locally. However, recurrence is unusual following complete surgical resection. Long-term cure is achieved in >95% of cases in which disease is confined to the pancreas.

CASE HISTORY
A 25 year female presented with chief complain of with palpable lump in epigastric region associated with nausea and vomiting. All baseline blood investigations were normal except Amylase 346 IU/L & Serum 19-9 35 U/ml. Her ultrasound suggestive of 8x7 cm mix echogenic area with cystic area in relation to pancreas (Pancreatic pathology likely). CECT abdomen reveal well defined smoothly margimated lesion arising from body of pancreas with foci of calcification in periphery of lesion. Rest pancreas & pancreatic duct appears normal, possibility neoplastic lesion likely. CT guided FNAC suggest cystic papillary neoplasm of pancreas.

ABSTRACT
Solid pseudopapillary tumor, otherwise known as solid and cystic tumor or Frantz tumor, is an unusual form of pancreatic carcinoma. Its natural history differs from the more common pancreatic adenocarcinoma in that it has a female predilection, is more indolent, and carries a better prognosis. Metastatic disease can occur, usually involving the liver. We describe the case of 25 year female with palpable lump in epigastric region associated with nausea and vomiting. Her ultrasound suggestive of mix echogenic area with cystic area in relation to pancreas (Pancreatic pathology likely). CECT abdomen reveal well defined smoothly margimated lesion arising from body of pancreas with foci of calcification in periphery of lesion. Rest pancreas & pancreatic duct appears normal, possibility neoplastic lesion likely. CT guided FNAC suggest cystic papillary neoplasm of pancreas.

Key words: pancreatic tumor, papillary tumor of pancreas, pseudo papillary tumor, pancreatico jejunostomy
manage with central pancreatectomy with roux-en-y pancreatico jejunostomy. Post-operative period was uneventful and patient discharge on 7th POD with no complain on follow up examination. Histopathological examination reveal pseudo papillary tumour of pancreas.

DISCUSSION
First described by Franz in 1959, solid pseudo papillary tumor of the pancreas is a rare, low-grade malignant tumor of unknown etiology accounting for 0.2-2.7% of all primary pancreatic tumors.\(^1\)\(^2\)\(^3\). It is also known as solid cystic papillary epithelial tumor, papillary cystic tumor, solid and cystic tumor, papillary-cystic neoplasm, Hamoudi or Franz tumor. Surgery is the only definitive treatment with a cure rate of greater than 95% with complete resection. In contrast to other pancreatic tumors, aggressive surgical resection is warranted even in the presence of local invasion, recurrence, or limited metastases. In contrast to other pancreatic tumors, invasion of the portal vein or superior mesenteric artery does not indicate tumor unresectability. Distal pancreatectomy combined with or without splenectomy can be performed for pancreatic body and/or tail tumor, and pancreato-duodenectomy for pancreatic head tumor.

CONCLUSION
Solid pseudo papillary tumors of the pancreas are a rare but treatable pancreatic tumor. While clinical signs and symptoms are relatively non-specific, characteristic findings on imaging and histology separate these tumors from the more malignant pancreatic tumors. Complete surgical excision is the treatment of choice and can be achieved through an open or minimal access technique.

REFERENCES