

Surgical Treatment of a Mucinous Cystic Neoplasm in a Young Female Patient – A Case Report

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Abstract

The major challenge in the evaluation of pancreatic cystic neoplasms is identifying lesions with malignant potential or signs of malignancy. Overall, the risk of malignancy in incidentally detected pancreatic cysts is low. Pancreatic cystic neoplasms with malignant potential are: serous cystic tumors (SCTs), mucinous cystic neoplasms (MCNs), intraductal papillary mucinous neoplasms (IPMNs) and solid pseudopapillary neoplasms (SPNs). The risk for developing malignancy is very low for SCTs, moderate to high in MCNs, solid pseudopapillary tumors and some IPMNs (up to 70 percent for main-duct IPMNs). We present a thirty-five years old female patient, without risk factors for the occurrence of pancreatic cancer was diagnosed via clinical examination and cross-sectional imaging of the abdomen with a 7 cm cystic lesion located in the pancreatic body and tail, in the context of gastric outlet obstruction and upper abdominal pain with no improvement following conservative treatment. A distal pancreatectomy was thus performed, with favorable postoperative outcome. The histopathology examination described a non-invasive mucinous cystic neoplasm with low grade dysplasia. Many pancreatic cysts can be followed with surveillance imaging, through an algorithm which combines CT scan, MRI or endoscopic ultrasound. The decision to recommend surgery should take into account factors such as the patient's age and general health, the malignant risk of the specific lesion, potential complications and the suspicion for malignancy.

Key words: pancreatic cyst, malignant risk, pancreatic resection