



IMAGES IN GASTROENTEROLOGY AND HEPATOLOGY

## Giant Pancreatic Cyst: An Unusual Entity



### Quisto Gigante do Pâncreas: Entidade Pouco Comum

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#### KEYWORDS

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#### PALAVRAS-CHAVE

Ecoendoscopia;  
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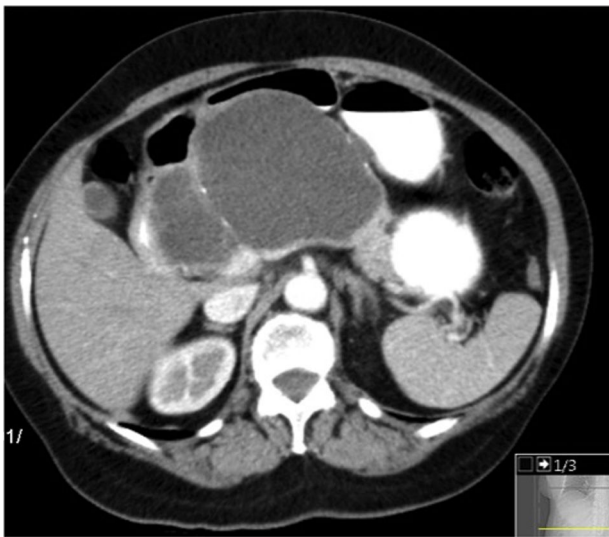
A 74-year-old woman was referred for further evaluation of a large pancreatic cystic lesion. She presented with abdominal discomfort, without weight loss, anorexia or history of pancreatitis or abdominal trauma. Physical examination revealed a large epigastric mass. A contrast-enhanced computed tomography (CT) showed a huge, well-defined, multiloculated cyst of 12 cm in greatest dimension arising from the pancreatic body, with multiple wall calcifications, without typical imaging features of a particular pancreatic cystic neoplasm (Fig. 1). Endoscopic

ultrasound (EUS) showed a multilocular cyst with a larger cyst (120 mm × 70 mm) and a peripheral microcystic component (Fig. 2). EUS-guided fine-needle aspiration of 7 mL of serous cystic fluid was performed from the largest cyst under prophylactic IV antibiotics. The sample had no malignant or mucus-producing cells and CEA (<2.5 ng/mL) and amylase (41 U/L) were within the reference values, making a serous cystadenoma the most likely diagnosis. Due to persistent epigastric discomfort, a distal pancreatectomy and splenectomy was performed (Fig. 3). Macroscopic examination of the resected specimen showed a combination of large cysts with several small cysts. On microscopy, the cysts were lined with a single layer of cuboidal epithelial cells with clear cytoplasm, PAS positive (Fig. 4). Histopathological examination confirmed the diagnosis of a pancreatic serous oligocystic adenoma.

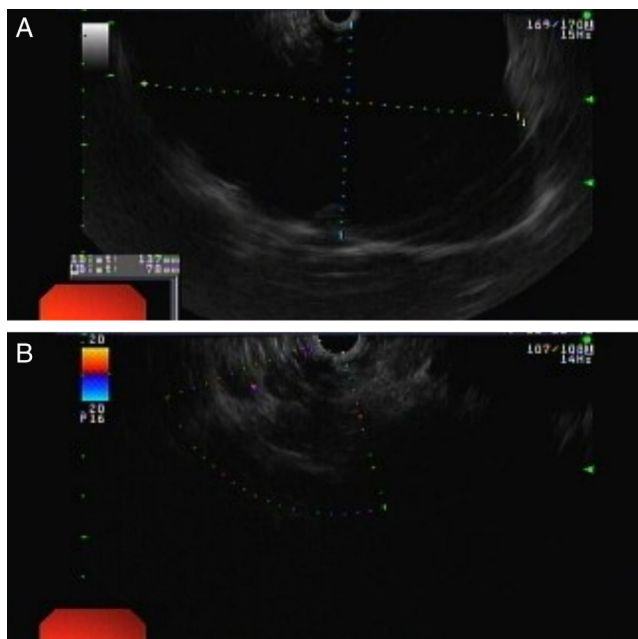
Serous oligocystic adenoma (SOA) is a rare benign pancreatic tumor which represent an atypical macroscopic morphologic variant of serous cystadenomas (SCA).<sup>1</sup> SOAs are characterized by a limited number of cysts with a diameter of >2 cm and share imaging features overlapping those of mucinous cystic neoplasm (MCN) and branch-duct intraductal papillary mucinous neoplasm (BD-IPMN), thus frequently making the radiologic diagnosis difficult.<sup>2</sup> Endoscopic ultrasound and cyst fluid aspiration have a role in distinguishing mucinous and serous lesions.<sup>3</sup> Management is determined by the presence of symptoms. Giant serous cystadenomas are also rare; this term usually refers to a multicystic tumor

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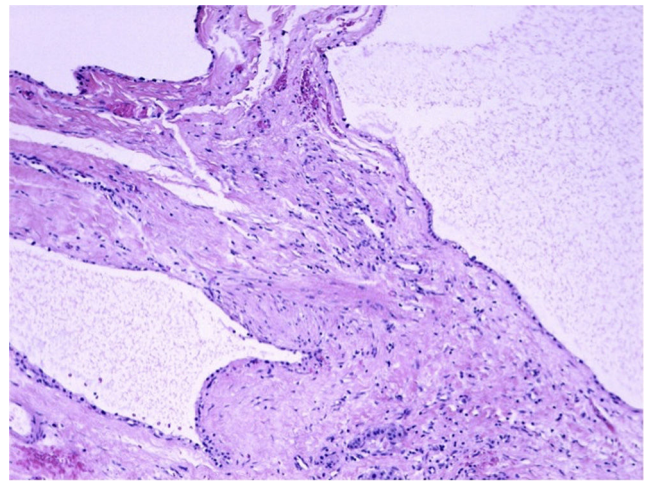
**Figure 1** Computed tomography: giant well-defined multiloculated cystic mass in the body of the pancreas.



**Figure 2** Endoscopic ultrasound: large multilocular cyst (A) with a microcystic pattern component (B).



**Figure 3** Macroscopic appearance of the resected pancreatic cyst.



**Figure 4** Microscopic appearance of the pancreatic cyst wall with a single layer of cuboidal epithelial cells with clear cytoplasm (H&E 100 $\times$ ).

larger than 10 cm in diameter in comparison with a described mean tumor diameter of 5 cm.<sup>4</sup>

### Ethical disclosures

**Protection of human and animal subjects.** The authors declare that no experiments were performed on humans or animals for this study.

**Confidentiality of data.** The authors declare that they have followed the protocols of their work center on the publication of patient data.

**Right to privacy and informed consent.** The authors declare that no patient data appear in this article.

### Conflicts of interest

The authors have no conflicts of interest to declare.

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