Is Pancreatic Mass always Adenocarcinoma?

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Clinical Image

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57-year-old man with past medical history of diabetes, hypertension and depression who was evaluated for obstructive jaundice, and was found on CT scan of abdomen to have a hypoechoic 2.6 x 2.1 cm mass within the posterior and medial aspect of the pancreatic head which abutted the common bile duct and superior pancreatic duodenal branch from the common hepatic artery highly suspicious for pancreatic adenocarcinoma (Figures 1 and 2). Initial biopsy was nondiagnostic. A CA19.9 was 1327 U/ML (0-35). He underwent a Whipple procedure however the pathology revealed diffuse large B-cell lymphoma arising in association with a high-grade follicular lymphoma, 3.1 cm in greatest diameter involving the head of the pancreas and duodenal wall with two out of 20 lymph nodes also positive for high-grade follicular lymphoma (Figures 3-6). He was treated with 6 cycles of R-CHOP (Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, Prednisone) for stage II disease. He is now two years from therapy and has no evidence of disease.

Figure 1: Ct Scan of abdomen shows pancreatic mass.

Figure 2: Ct Scan of abdomen shows pancreatic mass.

Figure 3: Lymphoma involving the duodenal wall and the pancreas in a Whipple specimen.

Figure 4: Diffuse large B cell lymphoma arising in association with a follicular lymphoma.

Figure 5: Diffuse large cell lymphoma and follicular lymphoma.

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The incidence of primary pancreatic lymphoma (PPL) is extremely rare. Fewer than 2% of extranodal malignant lymphomas and 0.5% of all pancreatic masses constitute PPL [1-3]. Up until 2006, fewer than 150 cases of PPL have been reported in the English medical literature [4].

References