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SCIENTIFIC LETTER

Multilocular Cyst of the Pancreas

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To the Editor: Pancreatic cysts are often detected on abdominal imaging performed for non-pancreatic indications. Their prevalence in an asymptomatic population is reported from 2.4 to 13.5% with an incidence increasing with age [1].

We report two patients, a 17-y-old boy and a 17-y-old girl with multilocular pancreatic cysts incidentally discovered on abdominal ultrasound. Patient no.1 underwent abdominal computed tomography, which showed a 34×35×60 mm, well circumscribed, multilocular cystic lesion, with thin and regular walls, without areas of contrast enhancement. There was no communication between the cyst and the main pancreatic duct (PD). PD and biliary ducts were not dilated. Cyst fluid analysis obtained by endoscopic ultrasound-guided fine needle aspiration (EUS with FNA) showed clear fluid with elevated amylase level 506 IU/L and very low CEA level 0.37 ng/ml. Cytologic examination confirmed benign cystic lesion of pancreas. After fine needle aspiration, total involution of the cystic lesion was observed. Patient no.2's magnetic resonance imaging revealed a 54 × 35 mm polycyclic, multilocular cystic lesion, with thin and regular walls, without solid components. PD and biliary ducts were not dilated. EUS with FNA showed clear fluid with low levels of amylase 87 IU/L and CEA 87 ng/ml. After fine needle aspiration the cystic lesion decreased to 32 × 17 mm. Cyst fluid cytology showed only elements of protein and connective tissue, and a group of spindle cells without atypia. At the two years follow-up, both patients were asymptomatic. No recurrence, enlargement or new cystic lesions were observed.

In the diagnostic process, pseudocysts were excluded as in both cases there was no past medical history of pancreatitis or abdominal injury [2]. Congenital pancreatic cysts also seemed unlikely due to atypical age. Both patients had abdominal ultrasound performed earlier in their lives, with no significant findings [2]. Primary hydatid cyst also was considered. ELISA for Ecchinococcal antigens was negative [3]. Pediatric pancreatic tumors are extremely rare [4]. Due to the presence of "worrisome feature" [5]- the size ≥3 cm and multilocular character of lesions, EUS and FNA was performed. We concluded that no further evaluation was necessary as the likelihood of malignancy was low [1]. The etiology of the pancreatic lesions remains unknown and a close follow-up should be maintained.

Compliance with Ethical Standards

Conflict of Interest None.

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