Acinar Cell Carcinoma of the Pancreas with Liver Involvement: A Case of Report

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Abstract

Objective: To investigate the clinic pathologic features, diagnosis, differential diagnosis, treatment and prognosis of the pancreatic acinar cell carcinoma.

Methods: The clinical data, pathomorphology and immunohistochemical staining of one patient case of Pancreatic cell carcinoma with liver involvement treated by Pancreaticoduodenectomy and partial hepatectomy at the first Affiliated Hospital of Anhui Medical University in April 2016 was analyzed retrospectively.

Results: Iconography scan of the abdomen or the whole body demonstrated a pancreatic mass and liver masses, with celiac Lymph node enlargement in a 58-years old female.

Microscopic examination showed that the pancreatic and liver tumor cells were trabecular and micro-glandular arrangement by biopsy; tumor cells were round or polygonal, and cytoplasm was rich, eosinophilic and granular, and some parts were vesicular, nuclei were mostly located in the base and round and oval; a large number of eosinophil□s were found in the interstitial infiltrating, rich eosinophilic granules were also found in their cytoplasm, and nuclei were slightly atypia

Immuno-histochemical staining showed that tumor cells were CgA (-), Ŭ-ACT (+), NSE (+/-) Ki-67 (index about 15%) and Syn (-).

Conclusion: Although acinar cell carcinoma of the pancreas has distinct characteristics on imaging and elevated AFP, correct diagnosis was difficult to determine preoperatively according image logical and laboratory examination. We should consider pancreatic cancer in the differential diagnosis of similar cases.

Keywords: Acinar cell carcinoma; Pancreas; Pathology; Clinical; Immunohistochemistry

Introduction

Acinar cell carcinoma of pancreatic which was Ẑrst descripted by

mL). The normal NSE values (9.07<17.0) help us reduce the diagnosis of neuroendocrine tumors.

An abdominal ultrasound show a 4.0 × 3.8 × 4.4 cm hypo echoic mass in the head of the pancreas and enlarged lymph nodes in the porta hepatic and retroperitoneal (5.2 × 4.5 cm). The mass was ill delimitated and heterogeneous. Contrast-enhanced CT showed a 4.0 cm mass in the head of the pancreas with pancreatic duct dilatation (1.3 cm) and parenchymal atrophy. The mass was adjacent to the portal vein and showed less intense enhancement than the pancreas. Dilatation of the bile ducts (1.3 cm), focal hepatic lesions or abdominal lymphadenopathies was found. The remainder of the liver demonstrated no evidence for chronic liver disease or additional mass lesion. 18F-fluorodeoxy glucose positron emission tomography (FDG-PET)/CT showed a high uptake of 18F-fluorodeoxy glucose in the head of pancreas (SUV 3.5) and the liver near the top of the diaphragm (SUV 3.2). The initial differential diagnoses were neuroendocrine with liver and lymphonodus metastases. A malignant pancreatic neoplasm, such as ACC, neuroendocrine tumor or Solid pseudopapillary tumor, was suspected from these findings, and surgery was therefore scheduled in (Figures 1 and 2).

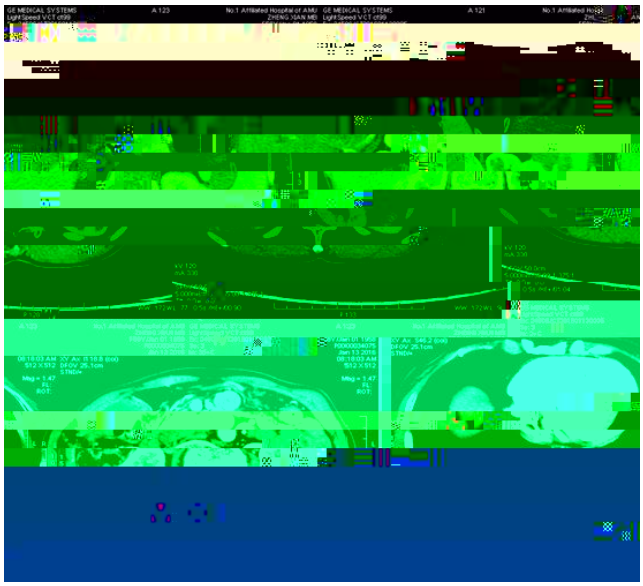

Figure 1: (I/II) Contrast-enhanced CT showing a mass (5 cm) in the head of the pancreas, which had less intense enhancement than the pancreas. (III) Involving the left of liver. (IV) Enlarged lymph nodes in the porta hepatis and abdominal.

A Whipple procedure with partial hepatectomy was performed on the patient. Hepatic and lymph node metastases were recognized. On

e pancreatic head.

were rechecked 6 weeks after. The patient is currently alive and well with no evidence of disease 6 months after initial diagnosis (Figure 4).

Figure 4: (I/II) Intra-operative picture showing approximately 6 × 5

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