Lipoma of the Pancreas Diagnosed by EUS-FNA

Kosuke Minaga1,2, Yukitaka Yamashita1 and Yoshito Uenoyama1

1Department of Gastroenterology and Hepatology, Japanese Red Cross Society Wakayama Medical Center, Wakayama, Japan
2Department of Gastroenterology and Hepatology, Kinki University Faculty of Medicine, Osaka-sayama, Japan

Corresponding author: Kosuke Minaga, Department of Gastroenterology and Hepatology, Kinki University Faculty of Medicine, Osaka-sayama, 377-2 Ohno-Higashi, Osaka-Sayama 589-8511, Japan, Tel: +81-72-3660221; Fax: +81-72-3672880; E-mail: kousukeminaga@med.kindai.ac.jp

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Clinical Image

Pancreatic mesenchymal tumors are infrequent and account for approximately 1-2 % of all pancreatic tumors [1]. Lipoma of the pancreas is a particularly rare condition, and only 50 cases have been described since the first case report by Bigard et al. in 1989 [2]. Recently, endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) has gained wide acceptance as a safe and well established examination technique for the diagnosis of pancreatic masses. However, only three cases of pancreatic lipoma diagnosed by EUS-FNA have been described to date in the literature [3-5]. Herein, we report a case of pancreatic tail lipoma diagnosed by EUS-FNA. A 72-year-old man with an incidental pancreatic mass that was detected by computed tomography (CT) was referred to our hospital.

The CT scan demonstrated a well-bordered, homogenous mass of fatty density with no contrast enhancement at the pancreatic tail (Figure 1a). On magnetic resonance imaging, the lesion had high-intensity signals on both T1-weighted and T2-weighted axial sequences. Subsequently, EUS was performed to clarify the etiology of the mass using a curved linear array echoendoscope (GF-UCT260; Olympus, Tokyo, Japan). EUS revealed a 25 × 14-mm hypoechoic mass with hyperechoic strands within, and the mass was surrounded by pancreatic parenchyma (Figure 1b).

To exclude malignant tumors such as liposarcoma and lipoblastoma, we performed EUS-FNA by a transgastric approach using a 22-G needle (Expect; Boston Scientific Corporation, Natick, MA, USA). Two passes were made with suction with no post-procedural complications.

Microscopic examination of the EUS-FNA material showed mature adipose cells characterized by a large fat droplet with no atypia, and no malignant cells were identified (Figure 2a and 2b). Thus, we confirmed the diagnosis of a pancreatic lipoma. The patient was conservatively followed up without surgical resection. Follow-up CT, conducted 1 year later, showed no apparent change in size or characteristics of the lesion.

Figure 1: (a) Contrast-enhanced CT showing a 25 mm, well-bordered, homogenous mass of fatty density with no contrast enhancement at the pancreatic tail (arrow). (b) EUS image showing a 25 × 14-mm hypoechoic mass with hyperechoic strands within, and the mass was surrounded by pancreatic parenchyma.

Figure 2: Histopathological examination from EUS-FNA showing mature adipose cells characterized by a large fat droplet with no atypia. (a) Papanicolaou’s staining, ×200, (b) hematoxylin and eosin staining, ×200.

References