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Clinical Image Open Access

Lipoma of the Pancreas Diagnosed by EUS-FNA

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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.

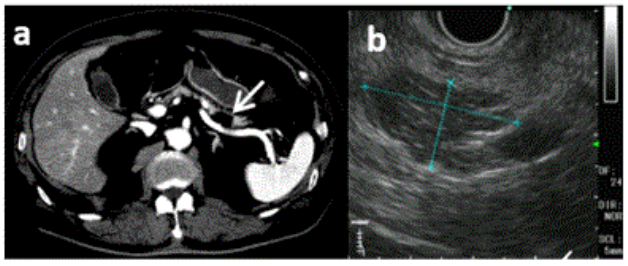

Figure 1: (a) Contrast-enhanced CT showing a 25 mm, well-bordered, homogenous mass of fatty density with no contrast enhancement at the pancreatic tail (arrow). (b) EUS image showing a 25 × 14-mm hypoechoic mass with hyperechoic strands within, and the mass was surrounded by pancreatic parenchyma.

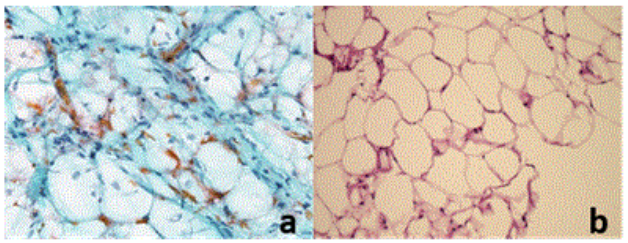

Figure 2: Histopathological examination from EUS-FNA showing mature adipose cells characterized by a large fat droplet with no atypia. (a) Papanicolaou's staining, ×200, (b) hematoxylin and eosin staining, ×200.

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