Lymphangioma as a rare cause of acute recurrent pancreatitis

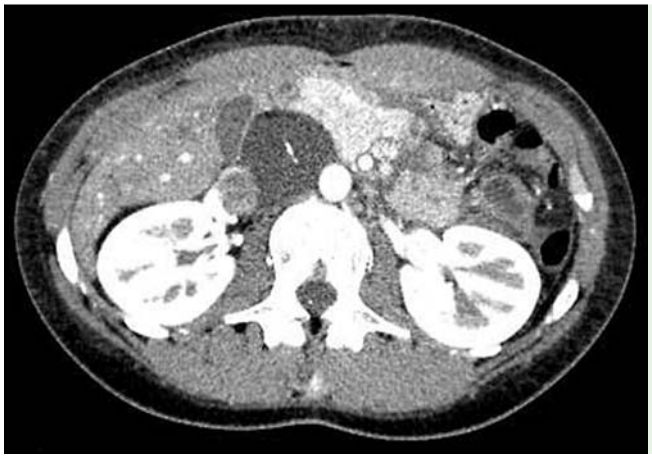

Fig. 1 Lymphangioma causing acute recurrent pancreatitis. Computed tomography shows a cystic mass behind the pancreatic head with thin calcifications and lipid-like tissue.

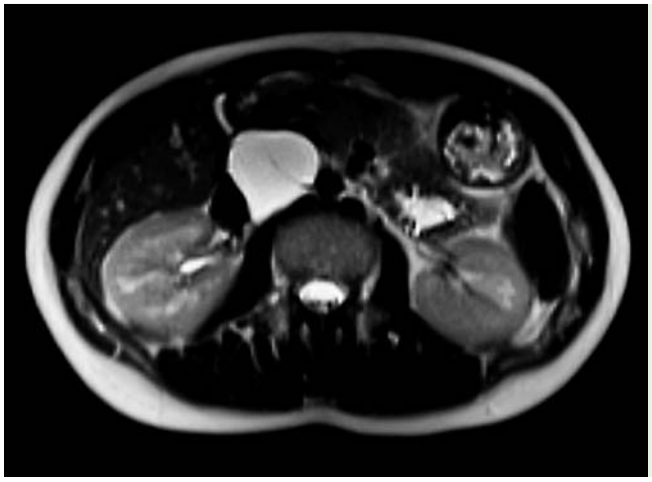

Fig. 2 Magnetic resonance imaging shows a cystic mass behind the pancreatic head with thin septa inside.

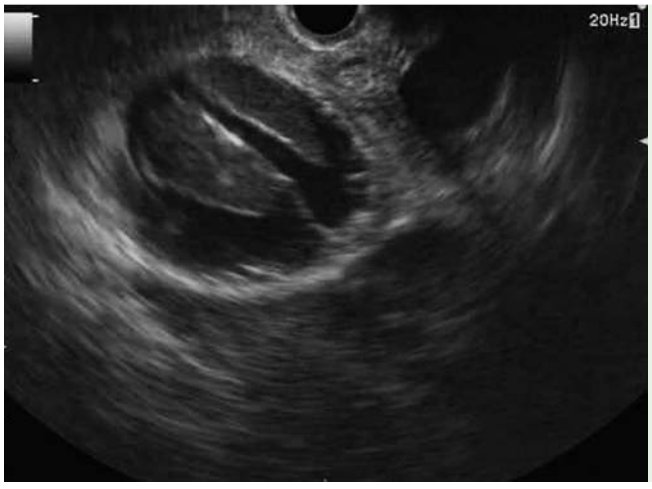

Fig. 3 Endoscopic ultrasound shows a well-delineated cystic lesion with hyperechoic septa and homogeneous, more solid parts.

A 26-year-old woman presented with sharp pain in the upper abdomen. Elevated amylase and lipase levels suggested pancreatitis. Emergency computed tomography (CT) of the abdomen showed a cystic lesion with calcifications and lipid-like tissue located between the aorta and vena cava and compressing the pancreatic head and duodenum (**Fig. 1**). Teratoma was suspected. The patient had experienced acute idiopathic pancreatitis 4 years earlier, at which time CT had shown a pancreatic head pseudocyst, so it seemed that the appearance of the lesion had changed.

The patient was referred for magnetic resonance imaging, which showed a cystic lesion with a thin capsule, septa, calcifications, and a solid part clearly not originating from the pancreatic head (**Fig. 2**). The patient then underwent endoscopic ultrasound (EUS) because of the suspicion of teratoma. EUS showed a well-delineated cystic lesion with hyperechoic septa and homogeneous, more solid parts. Calcifications were not seen on EUS (**Fig. 3**). EUS-guided fine-needle aspiration was performed with a 22-gauge needle (Expect; Boston Scientific, Natick, Massachusetts, USA). Chylous, milky white fluid was aspirated from the cyst. Biochemistry of the fluid showed a high level of triglycerides and low levels of carcinoembryonic antigen (CEA) and amylases, which definitely excluded pseudocyst from the differential diagnosis. Sediments of the fluid contained lymphocytes that were CD3+ on immunocytochemistry. The cytologic diagnosis was consistent with cystic lymphangioma. The patient refused surgical treatment. On follow-up, she was symptoms free and had serum values of amylase, lipase, cancer antigen (CA) 19-9, and CEA within normal range.

This case is interesting because it shows lymphangioma as a rare cause of recurrent acute pancreatitis. Lymphangioma is a malformation of lymphatic vessels and should not be misinterpreted as a cystic or solid–cystic pancreatic tumor [1,2]. Although it is benign, a compression effect on other organs can cause symptoms [3]. The patient had no other probable cause of acute pancreatitis, and we therefore concluded that in this case lymphangioma was the cause of pancreatitis.

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Competing interests: None

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Bibliography

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CORRECTION

Correction: Lymphangioma as a rare cause of acute recurrent pancreatitis

Tadic M, Cabrijan Z, Stoos-Veic T,et al. Lymphangioma as a rare cause of acute recurrent pancreatitis. Endoscopy 2014; 46: E598–E599.

In the above-mentioned article, the institution affiliation for Mario Tadic has been corrected. Correct is that Mario Tadic belongs to these affiliations:
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This was corrected in the online version on July 18, 2024.