

CÁNCER DE PÁNCREAS

[Pseudopapillary solid tumor of pancreas in the INEN].

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Abstract

OBJECTIVE: To determine the frequency of pancreas solid-pseudopapillary tumor (SPT) and to describe its clinical, pathological and immunohistochemical features in the National Institute of Neoplastic Diseases (INEN). **MATERIAL AND METHODS:** Cross-sectional, Retrospective and Descriptive study of 28 SPT cases with clinic history, slides and paraffin blocks for the revision and immunohistochemical examination. Tissue Microarray technique was used and avidin-biotin method in the necessary cases. The statistical processing was made with SPSS 13.0 program. **RESULTS:** The SPT accounts for 3.7% of pancreatic tumors in the INEN. 24 patients were female (85.7%) and 4 male (14.3%) with average age 25.61years old. Clinically 50% displayed abdominal pain. There was no Ca 19-9 abnormal value. Two metastasis cases were found, one of them died. The average tumor size was 10.0 cm. and the most frequent location was the head of the pancreas. Histologically is a monoforme pattern neoplasia, that displays pseudopapillae, rosettes, cholesterol crystals, sclerosis and calcification. The vascular infiltration, perineural, mitosis and nuclear atipia appeared in malignant cases. Immunohistochemically were vimentin and progesterone positive in the most cases. **CONCLUSIONS:** SPT is uncommon tumor with clinical, pathological and immunohistochemical defined features. It is less aggressive than other pancreatic tumors, nevertheless its uncertain behavior demands follow up.

[Pancreatic adenocarcinoma in young patient diagnosed by endoscopic ultrasonography].

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Abstract

The Pancreatic adenocarcinoma appears generally in patients with more than 60 years old. Their finding in young people is very rare. We report the case of a man of 29 years diagnosed and treated in the National Institute of Neoplastic Diseases (INEN), that presented symptoms as: dorsalgia, jaundice and weight loss. The tomographic image showed a mass located in the head of the pancreas with hepatic and ganglionic metastases. It was evaluated by means of endoscopic ultrasonography (USE) and performed a directed fine needle puncture aspiration (PAAF), that obtained a bad differentiated adenocarcinoma from the pancreas. An endoscopic biliary drainage by PCRE was realized later and treatment with chemotherapy started. We present the case by the unusual occurrence in the related age group and by the importance of the puncture guided by endoscopic ultrasonography in the diagnosis and handling of this pathology [corrected].