Pancreas FNA of cystic lesions 1/18/2018 NYPS

Cytologic and histologic diagnoses

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Case 1  
EUS: 3.5 cm head of pancreas cyst with thick septations and internal nodularity

Cytologic diagnosis: NEGATIVE FOR MALIGNANT CELLS. SIDEROPHAGES, SCANT BLAND EPITHELIUM, BLOOD AND DEBRIS

Histologic Diagnosis: Serous cystadenoma

Collins BT. Acta cytologica: Serous cystadenoma of the pancreas with endoscopic ultrasound fine needle aspiration biopsy and surgical correlation. Science Printers and Publishers Inc; 2013;57:241.

Belsley NA. Cancer: Serous cystadenoma of the pancreas: limitations and pitfalls of endoscopic ultrasound-guided fine-needle aspiration biopsy. John Wiley & Sons Inc; 04/2008;114:102.

Case 2  
CT: 3.4 cm cystic lesion of the pancreas  
Cyst fluid: CEA= 5217 ng/dl  
 Amylase= 176,000 U/L

Cytologic diagnosis: ATYPICAL. ACELLULAR SPECIMEN WITH AMORPHOUS DEBRIS. ELEVATED CYST FLUID CEA RAISES THE POSSIBILITY OF A MUCINOUS NEOPLASM, BUT THE CYST CONTENTS ARE NOT TYPICAL FOR MUCIN AND NO EPITHELIUM IS PRESENT.

Raval JS. Modern pathology: Pancreatic lymphoepithelial cysts express CEA and can contain mucous cells: potential pitfalls in the preoperative diagnosis. Nature Publishing Group; 11/2010;23:1467.

Hanson JA. Archives of pathology & laboratory medicine (1976): Squamoid cyst of pancreatic ducts: a case series describing novel immunohistochemistry, cytology, and quantitative cyst fluid chemistry. American Medical Association; 02/2014;138:270.

Case 3  
CC: Epigastric pain  
CT: complex cyst of the pancreatic neck

Cytologic diagnosis: NEOPLASTIC CELLS PRESENT. MUCINOUS NEOPLASM. NO HIGH GRADE DYSPLASIA SEEN (LIMITED SAMPLING OF EPITHELIAL COMPONENT)

Histologic Diagnosis: Intraductal papillary mucinous neoplasm, gastric type, intermediate grade

 Pitman MB, Centeno BA, Daglilar ES, Brugge WR, Mino-Kenudson M. Cytological criteria of high-grade epithelial atypia in the cyst fluid of pancreatic intraductal papillary mucinous neoplasms. Cancer Cytopathol. 2014;122:40–47.

Case 4  
CC: abdominal pain, N/V, clinical acute pancreatitis  
CT: 4.2 cm cystic and solid lesion pancreas body

Cytologic Diagnosis: NEOPLASTIC CELLS PRESENT. HIGH GRADE NEOPLASM WITH ONCOCYTIC AND PAPILLARY FEATURES

Histologic diagnosis: INTRADUCTAL ONCOCYTIC NEOPLASM (IOPN)

Reid MD. Cancer cytopathology: Cytopathologic diagnosis of oncocytic type intraductal papillary mucinous neoplasm: Criteria and clinical implications of accurate diagnosis. Blackwell Publishing; 02/2016;124:122.

Case 5  
CC: steatorrhea  
CT: Ill-defined 2.2 cm mass with dilated duct (0.5 cm)

Cytologic diagnosis: NEOPLASTIC CELLS PRESENT. EPITHELIAL NEOPLASM. THE DIFFERENTIAL DIAGNOSIS INCLUDES ACINAR CELL CARCINOMA/PANCREATOBLASTOMA, NEUROENDOCRINE TUMOR, INTRADUCTAL TUBULOPAPILLARY NEOPLASM.

Histologic diagnosis: Intraductal tubulopapillary neoplasm associated with invasive carcinoma

Basturk O. The American journal of surgical pathology: Intraductal Tubulopapillary Neoplasm of the Pancreas: A Clinicopathologic and Immunohistochemical Analysis of 33 Cases. Raven Press [etc; 03/2017;41:313.

Tajima S. Diagnostic cytopathology: Intraductal tubulopapillary neoplasm of the pancreas suspected by endoscopic ultrasonography-fine-needle aspiration cytology: Report of a case confirmed by surgical specimen histology. John Wiley & Sons Inc; 12/2015;43:1003.