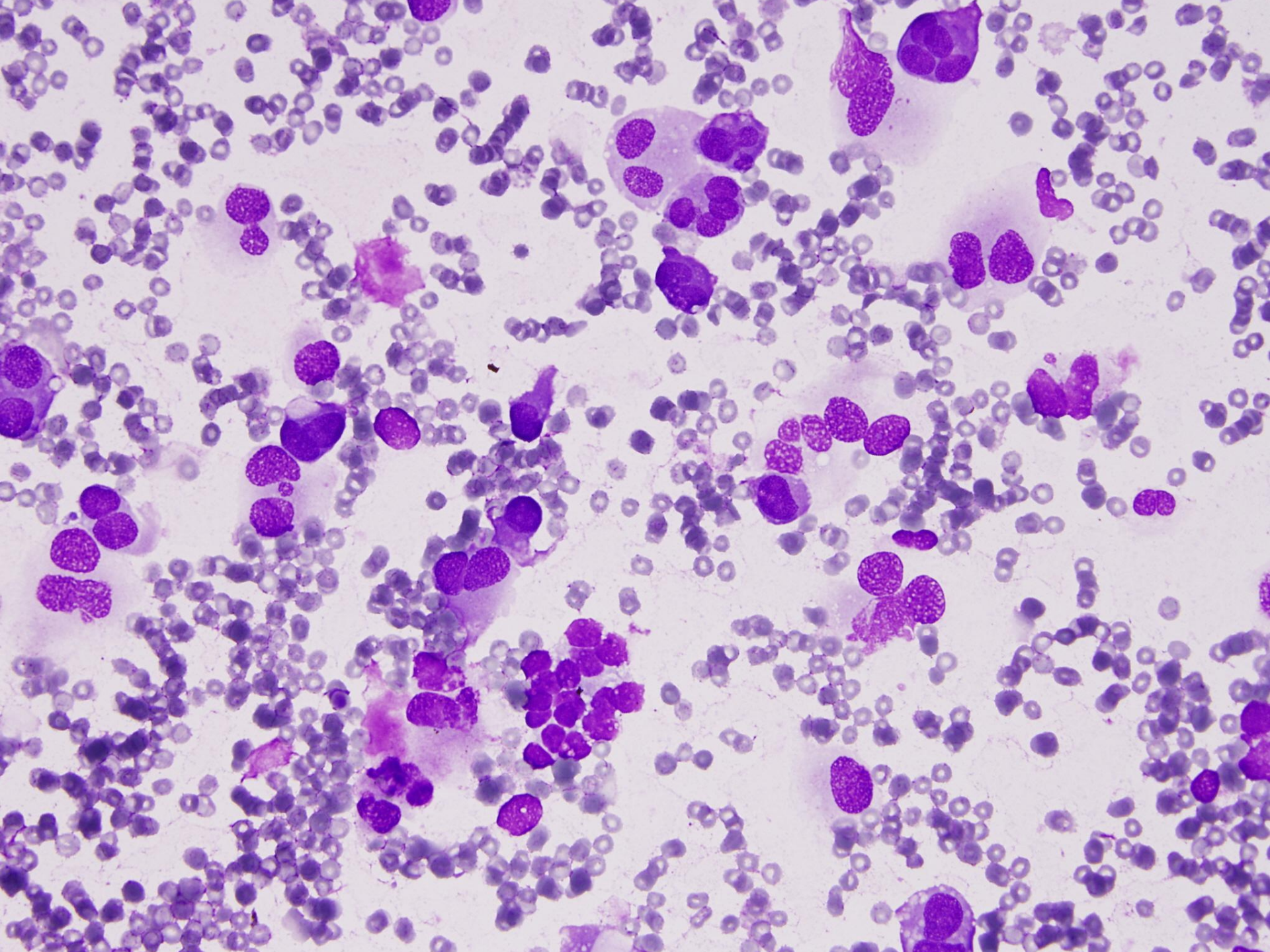


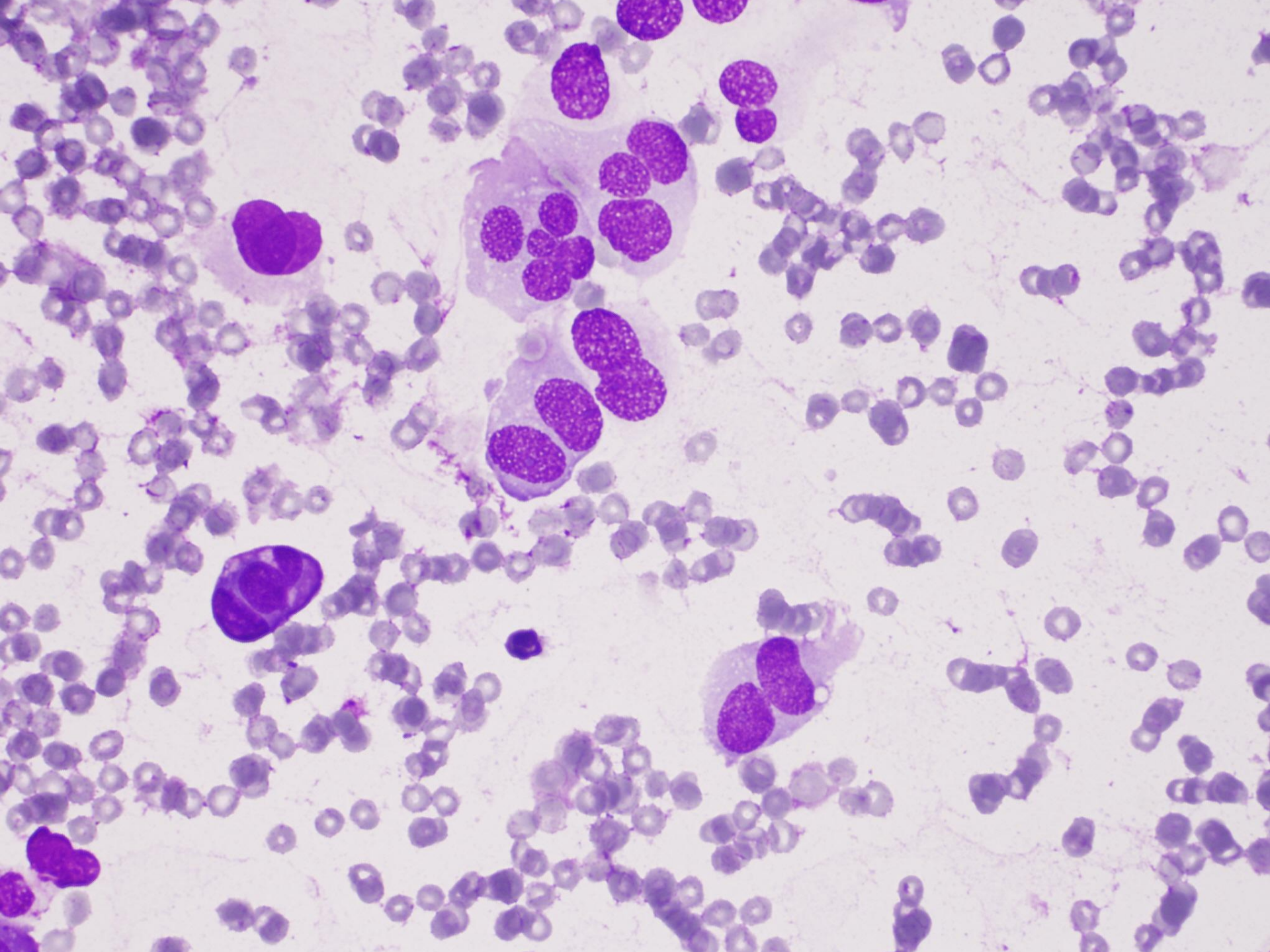
Interesting case conference

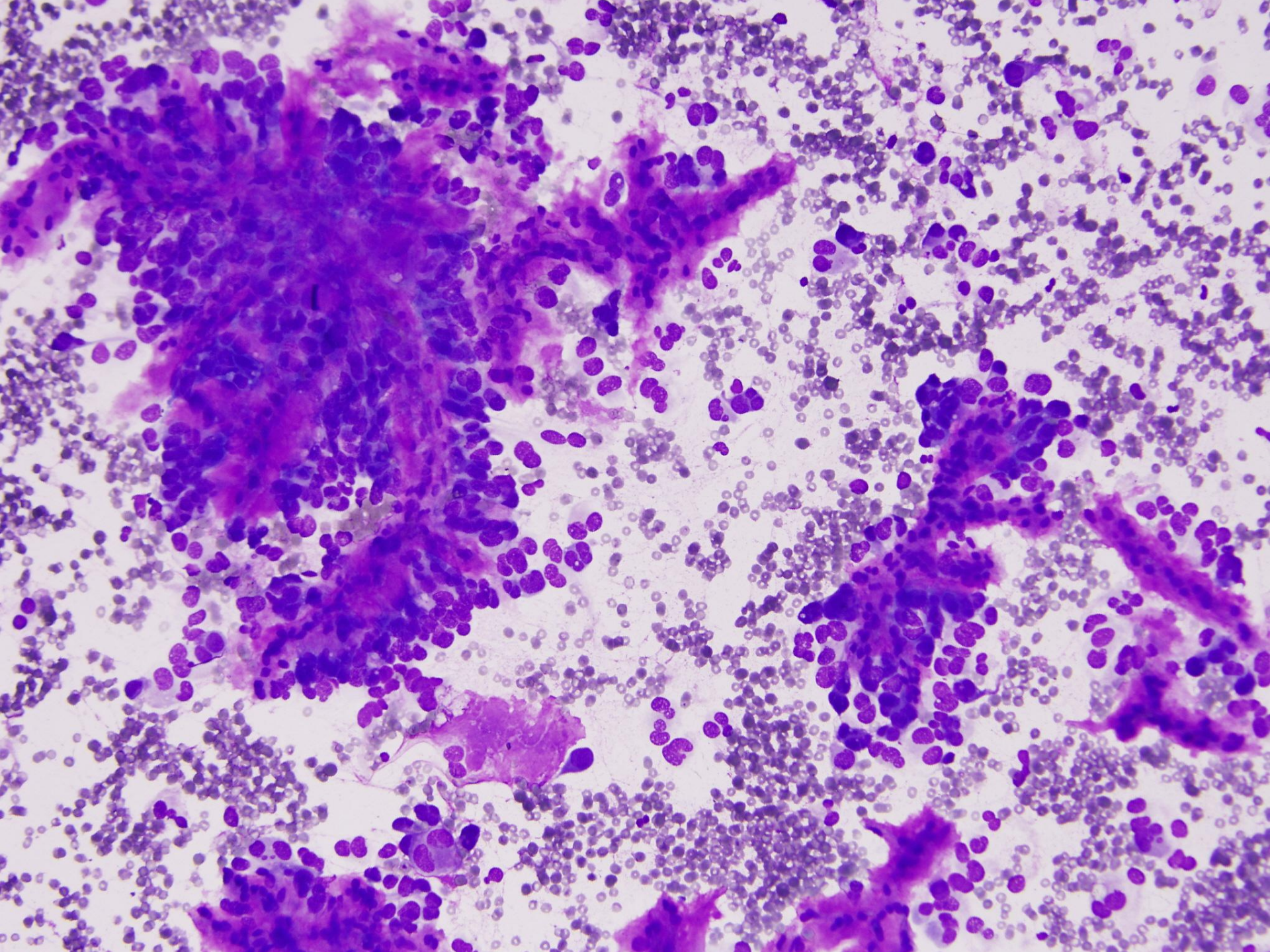
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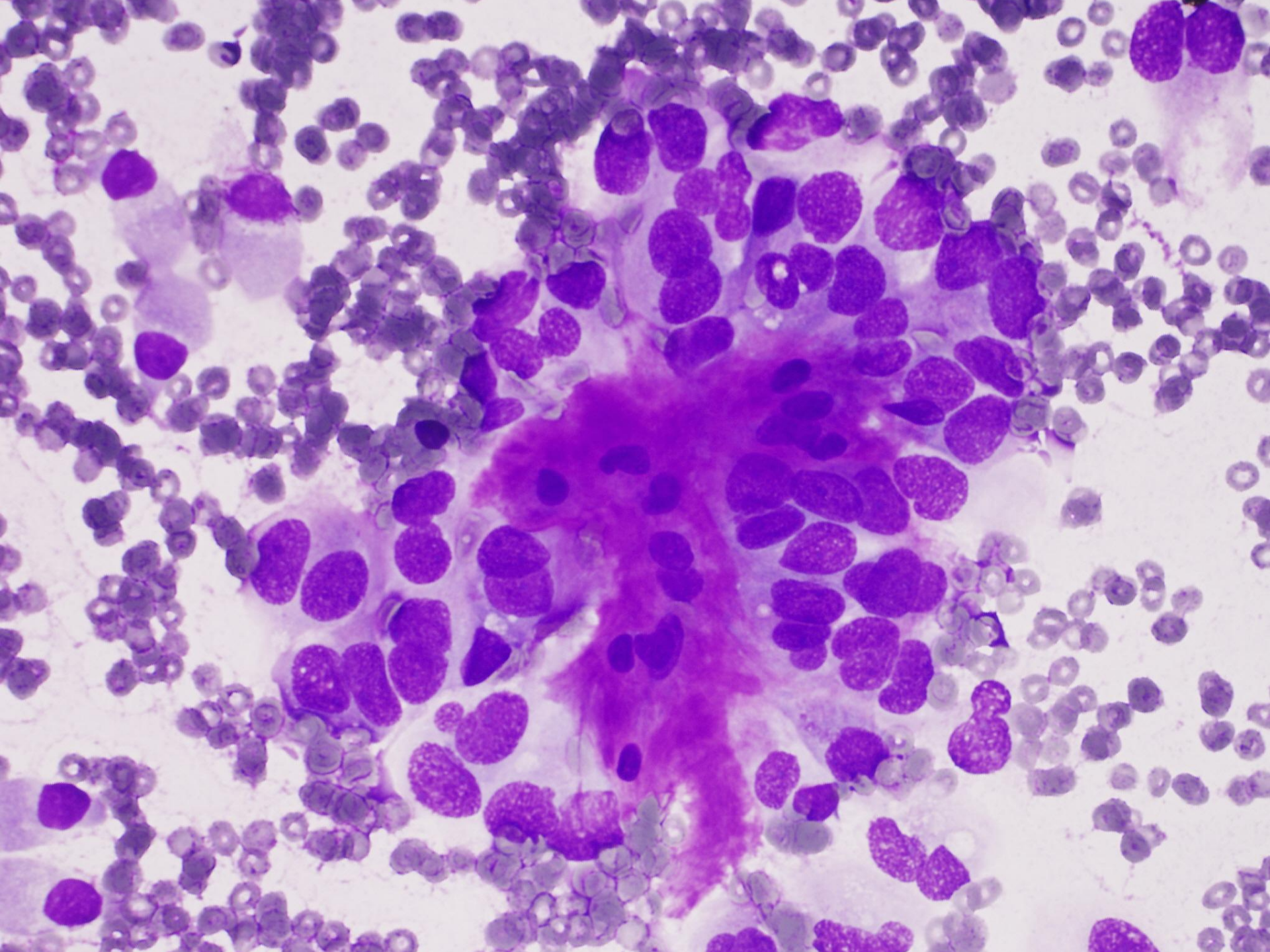
Clinical Data:

- 35-year-old woman undergoing evaluation for multiple GI symptoms (vague epigastric pain, intermittent back pain, daily nausea and emesis)
- Underwent EGD and colonoscopy, was found to have H. pylori gastritis and tubular adenoma of colon, otherwise unremarkable
- subsequent abd/pelvis CT scan identified a 2 cm incidental pancreatic head mass
- Comprehensive metabolic panel, amylase and lipase, CEA level, VIP and somatostatin all within normal limits
- FNA of pancreas mass with on-site pathologic assessment performed



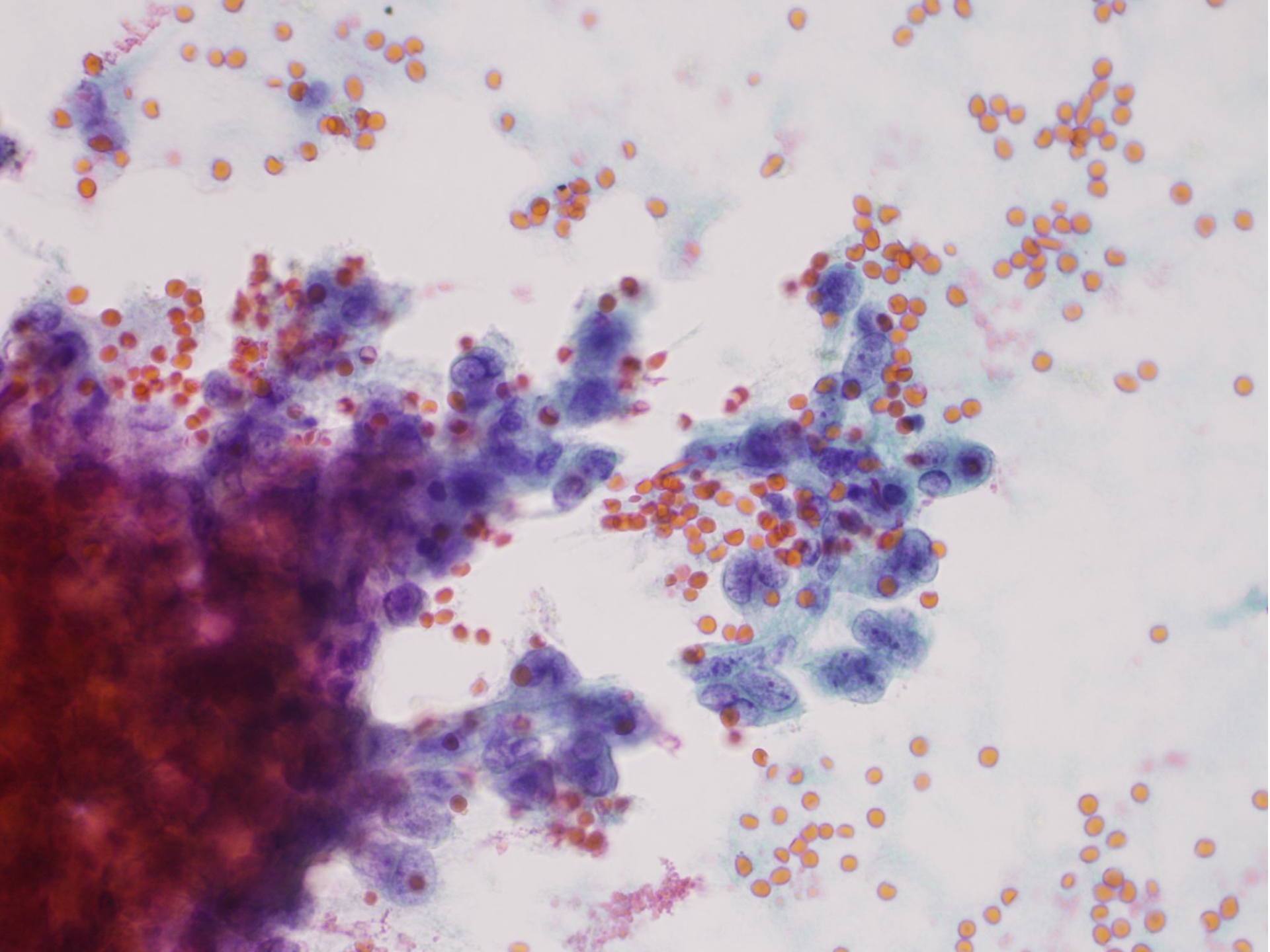




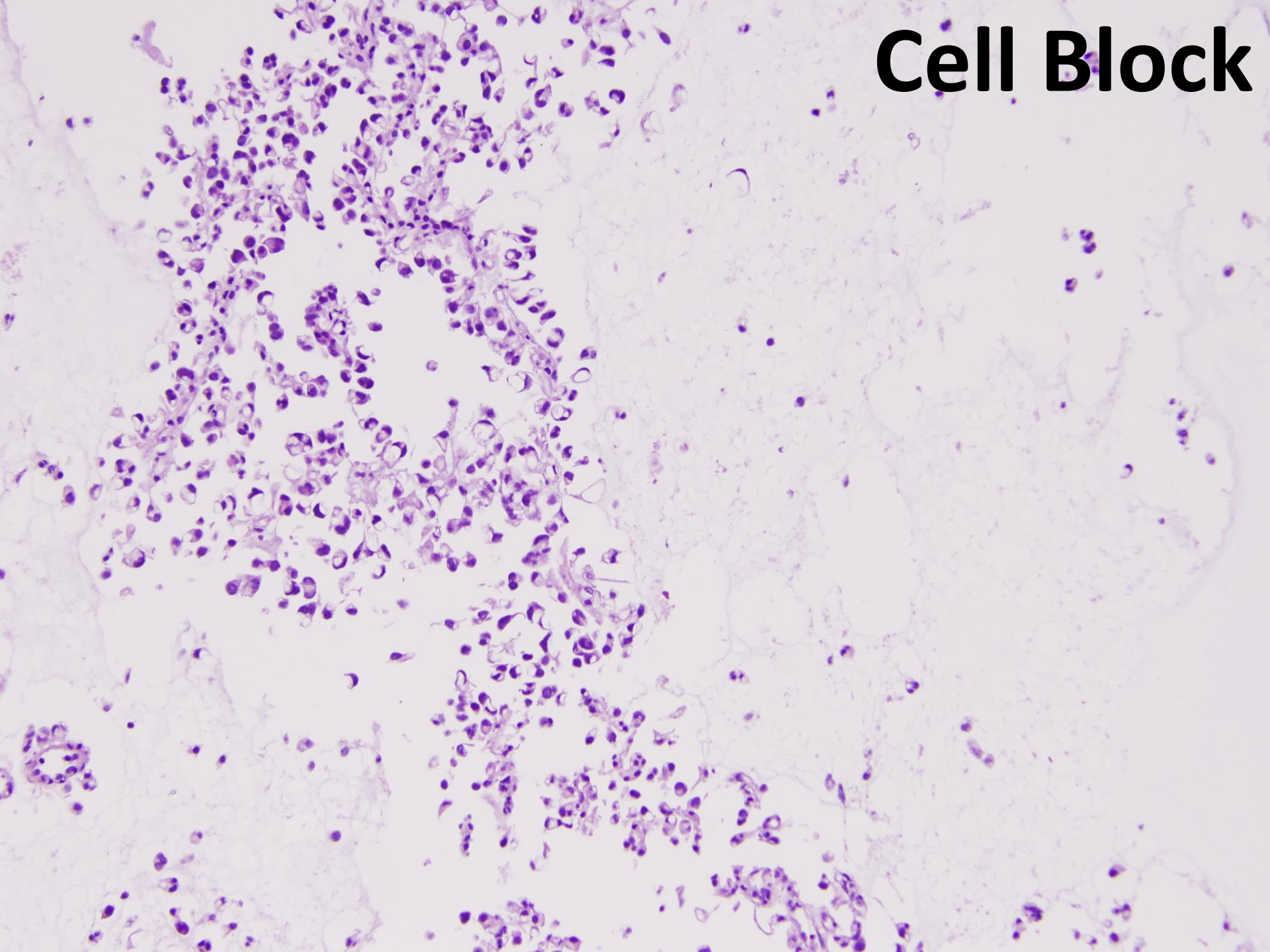


PRELIMINARY ON-SITE DIAGNOSIS:

Positive for neoplasm, favor pancreatic endocrine neoplasm vs. solid pseudopapillary tumor



Cell Block

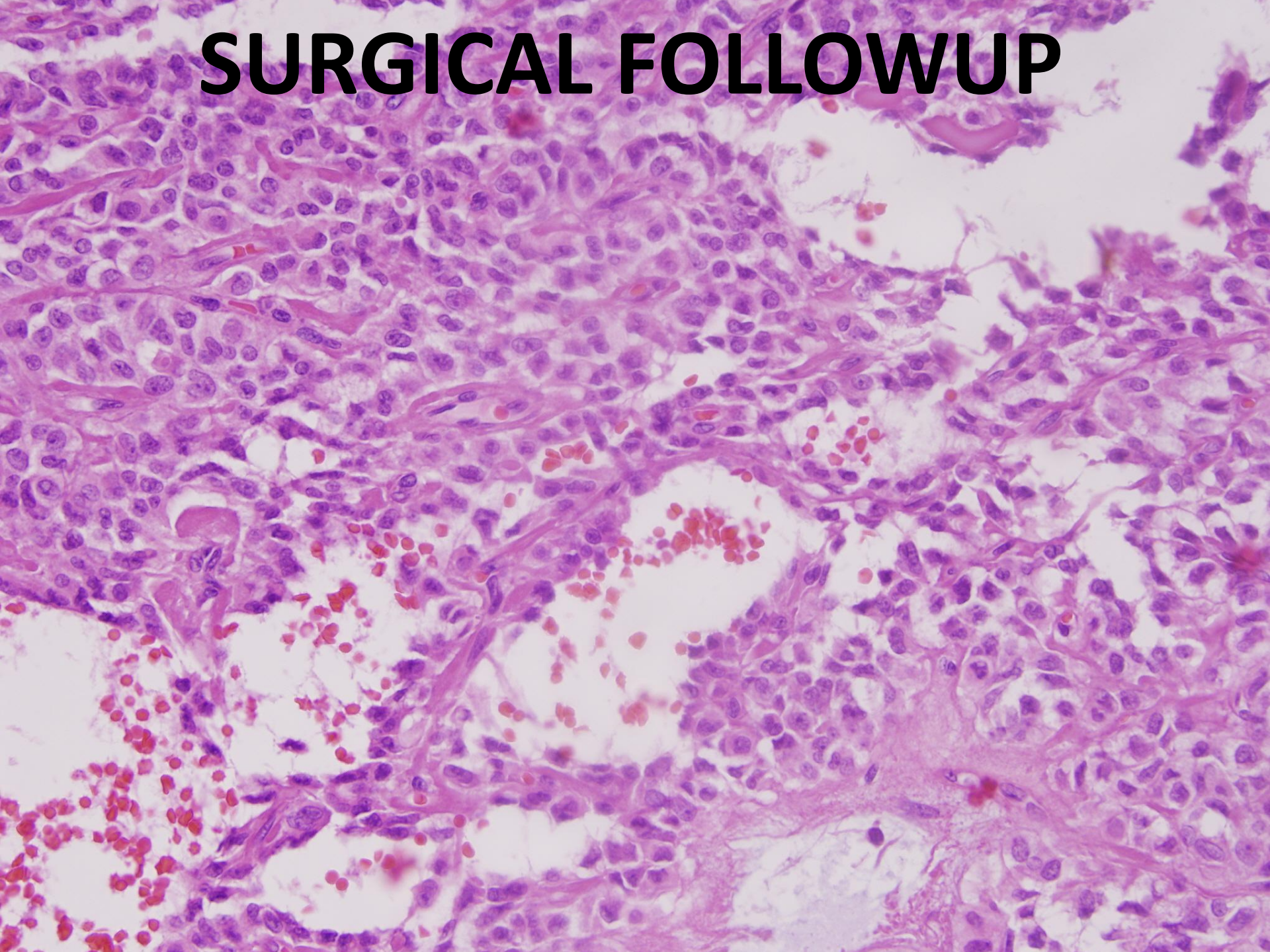


FINAL CYTOLOGIC DIAGNOSIS

Solid-pseudopapillary neoplasm, see COMMENT.

COMMENT: The aspirate smears show numerous tumor cells occurring singly or associated with rare fibrovascular cores. The tumor cells have moderate eccentric cytoplasm and bland-appearing nuclei with pale chromatin, inconspicuous nucleoli, and occasional nuclear grooves. Immunohistochemistry performed on the cell block demonstrates that the tumor cells **express nuclear beta-catenin, cytoplasmic CD-10, CD-56, and do not express chromogranin A or synaptophysin**. This profile along with cytologic features confirm the above diagnosis.

SURGICAL FOLLOWUP



SOLID-PSEUDOPAPILLARY NEOPLASM

- Young women (mean 35 yrs), no site predilection in pancreas
- Uncertain malignant potential, most benign and treated successfully by conservative resection
- Differential diagnosis includes pancreatic endocrine neoplasms and acinar cell carcinomas.
- **Nuclear reactivity for beta catenin in over 95% of tumors.** Can be positive for CD56 and less often synaptophysin, but not chromogranin.

SOLID-PSEUDOPAPILLARY NEOPLASM

- Single or multiple layers of cells around vascular structures thickened by hyaline or myxoid material (very helpful diagnostic clue but not always appreciated).
- Monotonous cuboidal cells with granular cytoplasm, round or oval nuclei with finely dispersed chromatin and indistinct nucleoli
- May have nuclear grooves.