

Serous microcystic adenoma of pancreas

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Serous microcystic adenoma (SMCA) is an uncommon pancreatic neoplasm with an incidence of 1% to 2% of all exocrine pancreatic tumors [1, 2]. It has a striking predilection for elderly women and a characteristic gross, microscopic and radiologic appearance. The common presenting features are abdominal pain, abdominal mass, nausea, vomiting or weight loss. About one-third of SMCAs are asymptomatic and discovered incidentally on radiologic examination or autopsy.

A 62-year-old woman presented with intermittent pain in abdomen since 1 year and abdominal distension with epigastric burning sensation since 1 month. The abdomen was soft without any tenderness, guarding or rigidity. CT scan of the abdomen revealed a well-defined loculated hypodense mass in the pancreatic head, sharply demarcated from the adjacent normal pancreas (Fig. 1). There was no abdominal lymphadenopathy. An endoscopy-guided FNAC of the mass revealed clusters of benign duct epithelial cells, malignant cells were absent.

A clinical diagnosis of pancreatic cystic neoplasm was made. Exploratory laparotomy with resection of the

tumor was performed. The postoperative period was uneventful.

A well-encapsulated tumor measuring 5 cm×5 cm×4 cm was received with a rim of normal pancreas around it. The external surface was bosselated and multicystic. The cut surface revealed innumerable tiny cysts with a honey comb appearance and a central stellate scar (Fig. 2). There was no hemorrhage or necrosis.

Microscopic examination revealed multiple cystic spaces of varying caliber lined by a single layer of cuboidal epithelium. The cells had a clear cytoplasm with intracytoplasmic glycogen granules (periodic acid schiff positive, diastase sensitive) and round, centrally-placed nuclei with inconspicuous nucleoli without any atypia. A diagnosis of serous microcystic adenoma of pancreas was made.

Serous microcystic adenoma is a benign pancreatic tumor with a characteristic gross and microscopic appearance and an excellent prognosis [2, 3]. It is increasingly being diagnosed at an asymptomatic stage due to improvement in imaging modalities like ultrasound and CT scan.

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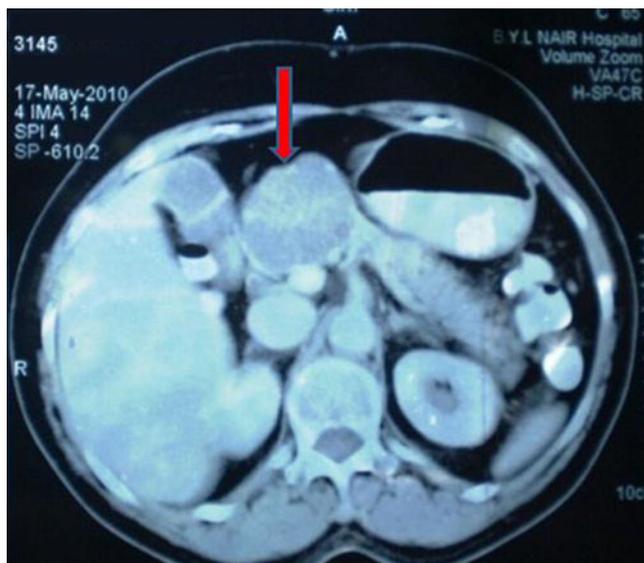


Fig. 1 CT scan showing mass lesion in the head of pancreas (*arrow*)



Fig. 2 Mass resected from pancreas showing honey comb appearance

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