Solid-cystic pseudopapillary neoplasm of pancreas: An increasingly diagnosed entity

Sir,

Solid-cystic pseudopapillary neoplasm (SPN) of the pancreas is a rare neoplasm, accounting for about 0.17% and 2.7% of all nonendocrine tumors of the pancreas.[1] It is most commonly seen in young women.[1,2]

Recently, SPN is getting more frequently diagnosed in the Indian subcontinent as there is better diagnostic preevaluation and increased awareness about this uncommon tumor.[3,4] Although it is predominantly seen in females, occasionally it can be seen in males.[1,3] Ultrasound-guided fine-needle aspiration (FNA) is useful in providing preoperative diagnosis.[1] Whenever possible, trucut biopsy of the lesion should be done which can provide a histopathological diagnosis. Histopathologically, the main differential diagnoses of SPN are well-differentiated neuroendocrine neoplasm and acinar cell carcinomas.[2,3] A panel of immunohistochemical markers along with clinical, imageological, and morphological findings may help in arriving at a conclusive diagnosis. The typical paranuclear positivity of CD99 aids in the diagnosis of SPN.[3,5]

Although SPN is usually benign, malignant SPNs are known and metastasis also is described.[2] Complete surgical resection is associated with long-term survival even in the presence of metastasis, thereby making preoperative diagnosis important.[2]

To conclude, although SPN of the pancreas is a rare neoplasm, awareness and clinical suspicion about this uncommon are required to consider this tumor especially in young females. Ultrasound-guided FNA and/or trucut biopsy can help in arriving at preoperative diagnosis. Most of the SPNs are benign, and complete surgical resection remains the treatment of choice.

Acknowldgement

The authors wish to thank Prof. V. Suresh for his invaluable help.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Rashmi Patnayak, Venkatarami Reddy[1], Amitabh Jena[2], Thota Asha

Departments of Pathology, [1]Surgical Gastroenterology and [2]Surgical Oncology, Sri Venkateswara Institute of Medical Sciences, Tirupati, Andhra Pradesh, India

Correspondence to: Dr. Amitabh Jena, Department of Surgical Oncology, Sri Venkateswara Institute of Medical Sciences, Tirupati - 517 507, Andhra Pradesh, India.
E-mail: dramitabh2004@yahoo.co.in

REFERENCES

1. Fujii M, Yoshioka M, Niguma T, Saito H, Kojima T, Nose S, *et al.* A solid pseudopapillary neoplasm without cysts that occurred in a patient diagnosed by endoscopic ultrasound-guided fine-needle aspiration: A case report. J Med Case Rep 2014;8:243.
2. Yagmur Y, Yigit E, Gumus S, Babur M, Can MA. Solid cystic pseudopapillary tumor of pancreas with splenic metastasis: Case report and review of literature. Int J Surg Case Rep 2015;14:50-2.
3. Patnayak R, Jena A, Parthasarathy S, Vijaylaxmi B, Lakshmi AY, Rukmangadha N, *et al.* Solid and cystic papillary neoplasm of pancreas: A clinic-pathological and immunohistochemical study: A tertiary care center experience. South Asian J Cancer 2013;2:153-7.
4. Biswas R, Ghosh A. Solid pseudopapillary neoplasm of pancreas. Clin Cancer Investig J 2015;4:723-5.
5. Laje P, Bhatti TR, Adzick NS. Solid pseudopapillary neoplasm of the pancreas in children: A 15-year experience and the identification of a unique immunohistochemical marker. J Pediatr Surg 2013;48:2054-60.

Access this article online

Quick Response Code:

Website: www.ccij-online.org

DOI: 10.4103/2278-0513.182058

Cite this article as: Patnayak R, Reddy V, Jena A, Asha T. Solid-cystic pseudopapillary neoplasm of pancreas: An increasingly diagnosed entity. Clin Cancer Investig J 2016;5:291.