

Slide seminar 2 - pancreas

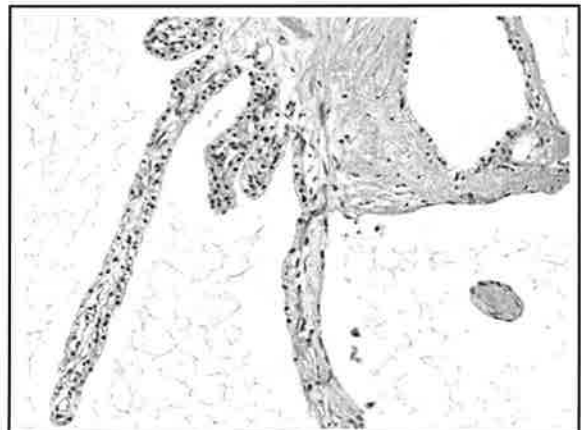
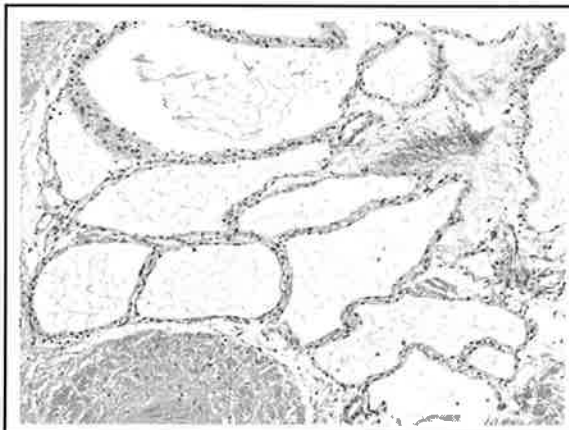
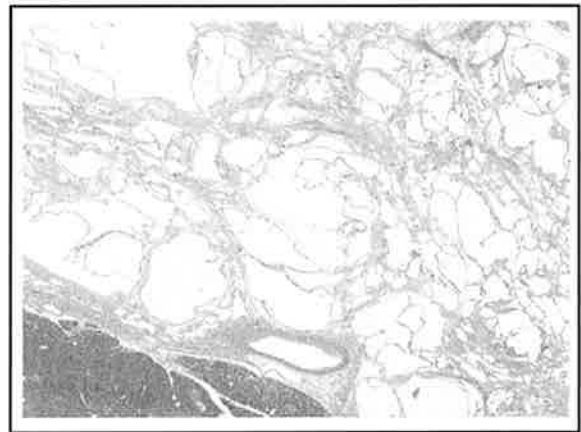
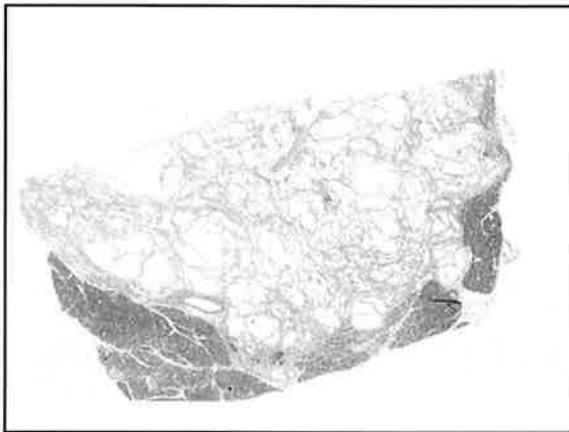
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Sarajevo, November 2015

Slide 2

- 62-year-old female. Abdominal pain. CT - lesion in body of pancreas.
- Distal pancreatectomy
- Well-defined cystic lesion containing watery fluid
- Representative H&E sections of the lesion



Thoughts?

Slide 2

Microcystic serous cystadenoma

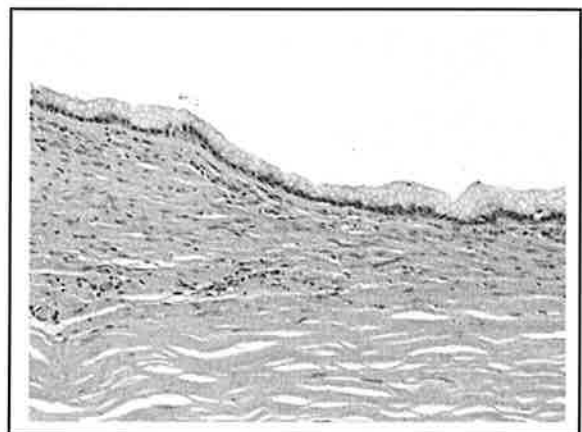
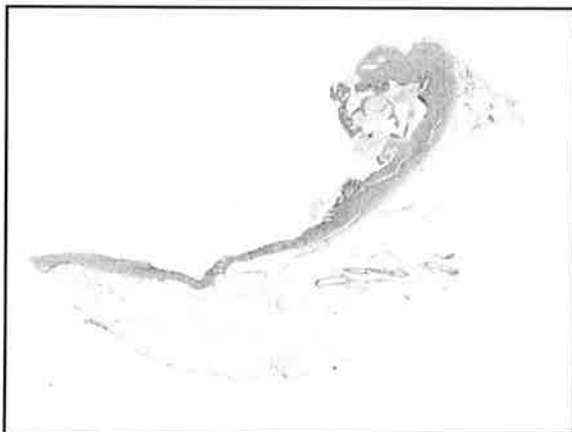
Microcystic serous cystadenoma

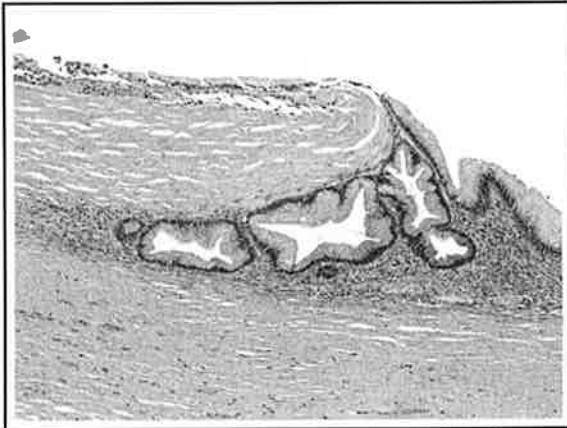
- Papillae are of no clinical significance
- Occasionally, cytoplasm may be eosinophilic
- Prominent network of small capillary-sized vessels immediately beneath the epithelium
- Entrapped ducts, acini, islets, nerves
- Degenerative changes



Slide 3

- 60-year-old female. Weight loss. CT - 8cm diameter cystic lesion in tail of pancreas.
- Distal pancreatectomy. Well-defined, thick-walled cyst containing cloudy fluid
- Representative H&E sections of the lesion

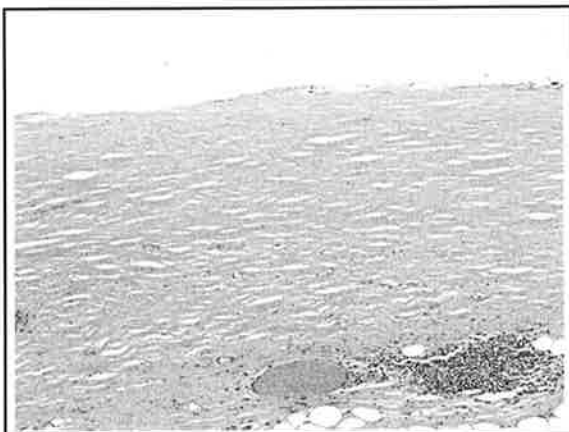




Thoughts?

Slide 3

Mucinous cystic neoplasm with low-grade dysplasia



Differential diagnosis

- **Retroperitoneal mucinous cystic tumour:** uncommon tumour occurring almost exclusively in women, particularly those of reproductive age. Do not involve pancreas
- **Branch duct IPMN:** MCN not communicate with duct system, is solitary and thick walled, has ovarian-type stroma

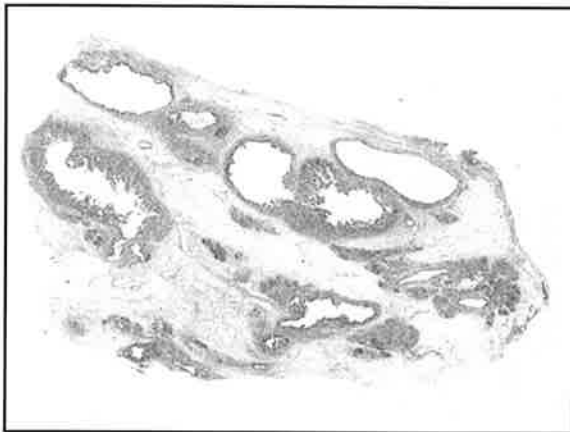
Mucinous cystic neoplasm

- Origin of ovarian-type stroma?
 - (i) Left primordial gonad in proximity to dorsal anlage => ectopic ovary within body & tail of pancreas
 - (ii) Neoplastic epithelium of MCNs induces ovarian stromal differentiation in resident cells in the pancreas
 - (iii) Hormone receptor expression in periductal stromal cells => sensitive to PG & oestrogen => stromal proliferation induce neoplasia in ductal epithelium
- Activation of Wnt/beta-catenin signalling cascade occurs specifically within the MCN stroma, but not epithelium

Sano M et al. Gastroenterol 2014; 146: 257-67

Slide 1

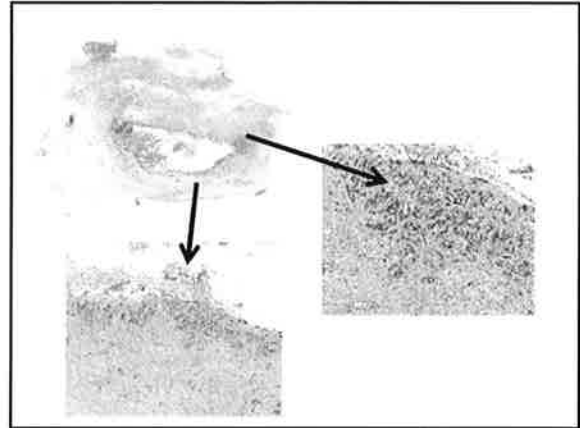
- 66-year-old male. Abdominal pain. CT – cystic lesion in head of pancreas. FNA - mucinous tumour.
- Whipple's resection
- Multicystic lesion in head of pancreas
- Representative H&E sections of the lesion



Thoughts?

Slide 1

Intraductal papillary mucinous neoplasm (IPMN), branch duct-type with low-grade dysplasia

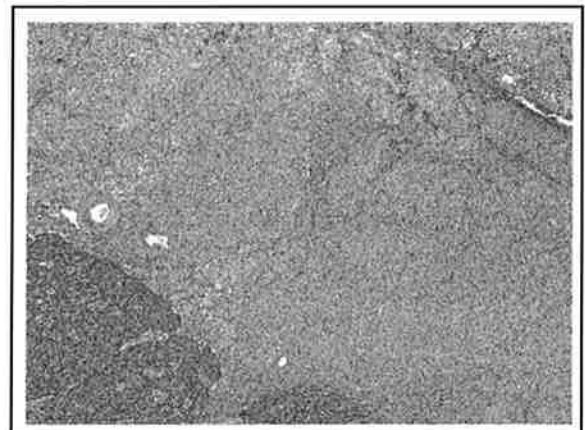
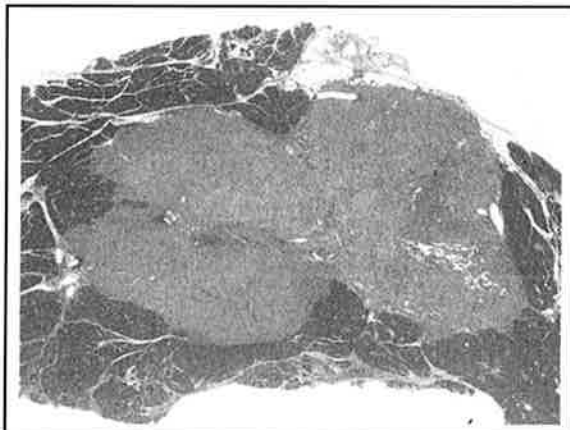


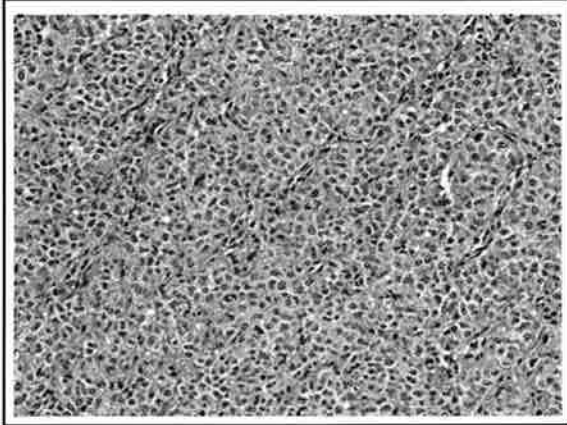
Tumours showing intraductal growth

- IPMN & ITPN
- Acinar cell carcinoma
Basturk et al. Am J Surg Pathol 2007; 31: 363-70
Toll et al. Int J Surg Pathol 2011; 19: 795-9
- Undifferentiated carcinoma with osteoclast-like giant cells
- Well-differentiated endocrine tumour
- Metastases

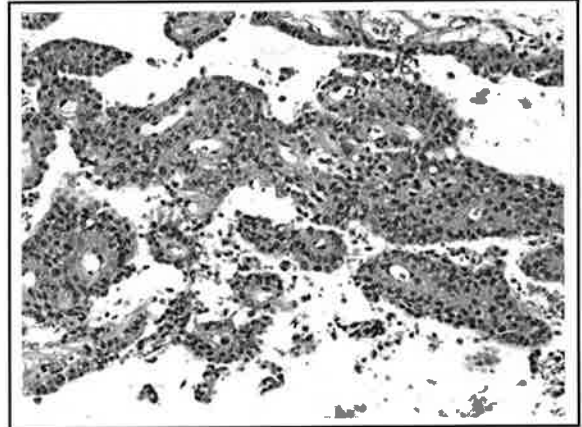
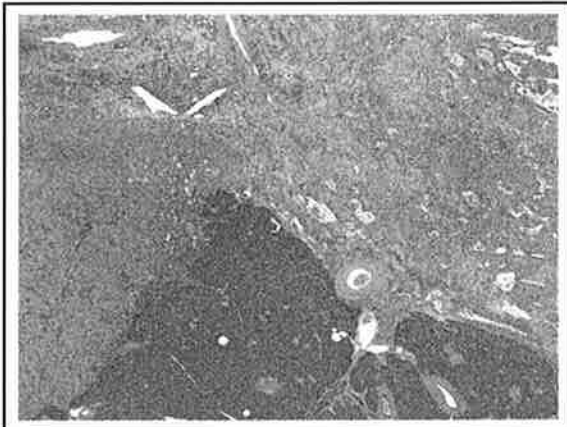
Slide 8

- 33-year-old female. Asymptomatic. CT – 3cm lesion in body of pancreas.
- Distal pancreatectomy
- Well-circumscribed 3cm diameter solid lesion
- Representative H&E sections of the lesion





Thoughts?

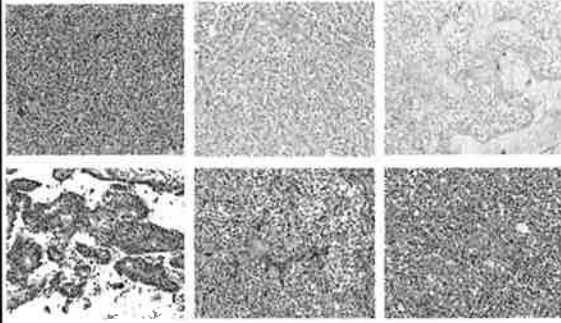


Thoughts?

Slide 8

Solid pseudopapillary neoplasm

Solid pseudopapillary neoplasm



Differential diagnosis

- **Pancreatic endocrine neoplasm:** packeted growth pattern, but lack the degenerative changes such as pseudopapillae, foamy macrophages, cholesterol clefts
- **Acinar cell carcinoma:** typically occurs in older age group – 60yrs – and in men; solid neoplasm, granular cytoplasm, prominent nucleolus, frequent mitoses

Solid pseudopapillary neoplasm

- Immunopositive for vimentin, CD10, CD56, cyclin D1, beta-catenin, progesterone receptor, oestrogen receptor beta
- A1AT or A1ACT +ve globules
- May be synaptophysin +ve and AE1/AE3 and CAM5.2 +ve
- Immunonegative for E-cadherin, chromogranin A, trypsin, pancreatic hormones
- **Core panel: vimentin, beta-catenin, progesterone receptor**

