

EP-218 - A RARE PANCREATIC NEOPLASM IN A 47-YEAR-OLD MAN

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Adenosquamous carcinoma of the pancreas is a rare pancreatic tumor accounting for less than 5% of all pancreatic carcinomas.

We report the case of a 47-year-old man presenting with epigastric pain irradiating to the back, jaundice and weight loss. His medical history was remarkable for pulmonary emphysema, smoking habits and mild alcohol consumption. Laboratory investigation showed a total bilirubin of 12,4mg/dL, alanine transaminase of 403 U/L, alkaline phosphatase of 804 U/L, prothrombin time international normalized ratio of 1.7 and lipase of 92 U/L. A non-contrast enhanced abdominal computed tomography(CT) showed an exuberant and diffuse enlargement of the pancreas without significant Wirsung duct dilatation, peri-pancreatic fat stranding and lymph node enlargement and dilatation of common bile and intrahepatic ducts.

At this point differential diagnosis included acute pancreatitis, autoimmune pancreatitis and pancreatic carcinoma or lymphoma. Endoscopic ultrasonography (EUS) was performed revealing a 5-cm cephalic pancreatic mass invading the gastroduodenal artery and the splenoportal venous confluence. EUS-guided fine needle biopsy of the mass revealed sheets of well-differentiated squamous epithelial cells with mild cytological atypia and dyskeratosis; immunohistochemistry showed positive staining for p40. There were also rare irregular fragments with gland clusters that stained weakly positive for CK7 and did not stain for p40. Given the patient history, a whole-body 18[F]-fluorodeoxyglucose positron emission tomography/CT scan was performed and ruled out other more common primary sources. The final diagnosis was adenosquamous carcinoma of the pancreas. The patient underwent 3 cycles of chemotherapy and died 6 months after the diagnosis.

Adenosquamous carcinoma is defined as an admixture of two distinct components of adenocarcinoma and squamous carcinoma. The unexpected squamous changes can lead to the impression of metastasis; as a result an exhaustive work-up for another primary source should be performed. Compared with pancreatic ductal adenocarcinoma, it is associated with aggressive behavior and less favorable survival rates.