

Recurrent pancreatitis caused by pancreatic ductal villous adenoma treated with endoscopic snare polypectomy

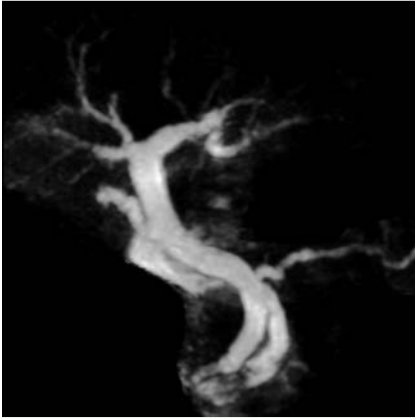


Fig. 1 Magnetic resonance cholangiopancreatography (MRCP) in a 70-year-old white man with recurrent acute pancreatitis showing the bile and pancreatic ducts. The main pancreatic ductal dilation is noted with an irregular filling defect within.



Fig. 2 Fluoroscopic image at endoscopic retrograde cholangiopancreatography (ERCP) confirms the filling defect in a dilated pancreatic duct.

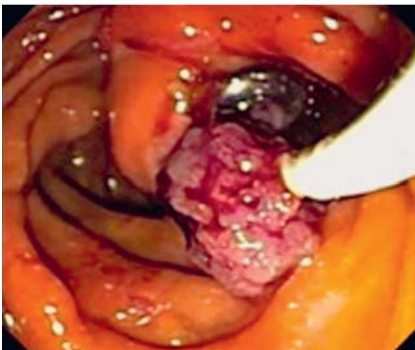


Fig. 3 Endoscopic view of balloon adenoma “extraction” following pancreatic sphincterotomy.

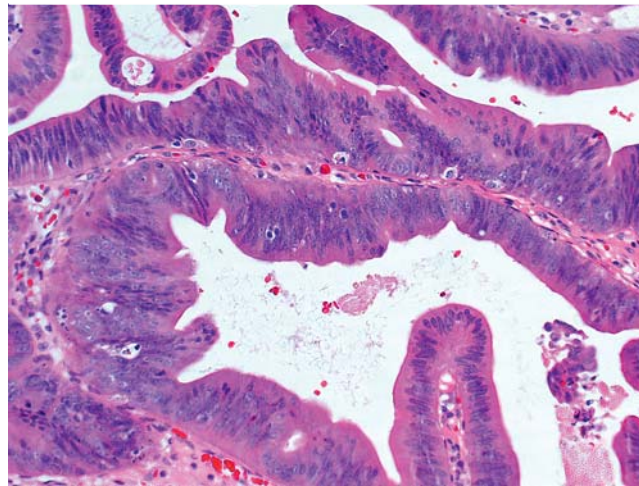


Fig. 4 Histological section of the resection specimen depicting villous fronds and high grade dysplasia (hematoxylin and eosin, magnification $\times 20$).

Adenomas can develop anywhere along the gastrointestinal tract. Herein we describe pancreatic ductal adenoma causing recurrent pancreatitis treated by endoscopic snare polypectomy.

A 70-year-old white male with recurrent acute pancreatitis (index attack 5 years ago) was referred for endoscopic ultrasound (EUS) and endoscopic retrograde cholangiopancreatography (ERCP) evaluation. The latest magnetic resonance scan showed a pancreatic ductal filling defect with ductal dilatation (▶ **Fig. 1**). Linear array EUS examination revealed a

1.5×1.6cm submucosal, mixed echogenic mass lesion causing upstream pancreatic ductal dilation. The common bile duct was of normal caliber with no filling defects. ERCP confirmed a bulging ampulla and pancreatogram (▶ **Fig. 2**) established the dilated pancreatic duct with an irregular, mobile filling defect. Following pull-type pancreatic sphincterotomy, balloon extraction exposed a floppy, exuberant, irregular, adenomatous appearing polyp arising from the inferior wall of the pancreatic duct (▶ **Fig. 3**). Standard snare polypectomy was carried out with blend-

ed current and a 5-Fr pancreatic ductal stent was placed (▶ **Video 1**). Histological assessment of the resected specimen revealed a villous adenoma with focal high grade dysplasia (▶ **Fig. 4**). The patient continues to do well with no further episodes of pancreatitis.

Pancreatic ductal polyps are rare with few case reports in the literature [1, 2]. Clinical

Video 1

The technique of pancreatic ductal polypectomy.

presentations include mass lesions in the pancreas and recurrent acute pancreatitis. Intraductal papillary mucinous neoplasm is a much more common cause of ductal dilation and pancreatitis with progression to adenocarcinoma. This patient, however, presented with a villous adenoma of the pancreatic duct causing recurrent acute pancreatitis. These lesions appear to follow the adenoma-carcinoma pathway [3,4] seen in the colon and therefore need removal. Transduodenal local excision of pancreatic ductal adenoma has been described before [5] but this is the first report describing potentially curative, endoscopic polypectomy of a ductal adenoma. Our patient remains under regular surveillance with follow-up ERCP for stent removal and reevaluation of the pancreatic duct.

Endoscopy_UCTN_Code_CCL_1AZ_2AM

Competing interests: None

J. Ramesh¹, L. Council², C. M. Wilcox¹

¹ Division of Gastroenterology and Hepatology, University of Alabama at Birmingham, Birmingham, Alabama, USA

² Department of Pathology, University of Alabama at Birmingham, Birmingham, Alabama, USA

References

- 1 Rogers PN, Seywright MM, Murray WR. Diffuse villous adenoma of the pancreatic duct. *Pancreas* 1987; 2: 727–730
- 2 Payan MJ, Xerri L, Moncada K et al. Villous adenoma of the main pancreatic duct: a potentially malignant tumor? *Am J Gastroenterol* 1990; 85: 459–463
- 3 Heresbach D, Raoul JL, Robert I et al. Villous tumors of the Wirsung's duct and pancreatic intraductal adenocarcinoma: interrelation or accidental association [Article in French]. *Gastroenterol Clin Biol* 1992; 16: 999–1005
- 4 Shrager JB, Greelish J, Van Arsdale C et al. Villous adenoma of the main pancreatic duct: a clue to the pathogenesis of pancreatic malignancy. *Surg Oncol* 1994; 3: 203–210
- 5 Warsaw AL, Berry J, Gang DL. Villous adenoma of the duct of Wirsung. *Dig Dis Sci* 1987; 32: 1311–1313

Bibliography

DOI <http://dx.doi.org/10.1055/s-0032-1326108>
Endoscopy 2013; 45: E23–E24
 © Georg Thieme Verlag KG
 Stuttgart · New York
 ISSN 0013-726X

Corresponding author

J. Ramesh

Division of Gastroenterology-Hepatology
 University of Alabama in Birmingham
 BDB 389, 1808 7th Avenue South
 Birmingham
 Alabama 35294
 USA
 Fax: +1-205-9756381
 jramesh@gmail.com