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A Young Child with Pancreatic Cystic Lymphangioma Diagnosed by Endoscopic Ultrasound and Fine-Needle Aspiration

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Pancreatic cystic lymphangioma is an extremely rare, benign tumor of lymphatic origin, with fewer than 70 cases documented in the literature. It can be found in the retroperitoneum, inside or outside the pancreas. Histologically, it is polycystic, with cysts separated by thin septa and lined with endothelial cells. Though congenital, it can affect all age groups, and occurs more frequently in females.

We present the case of a 5-year-old female, in whom a polycystic, septated mass was incidentally discovered by US in the head of the pancreas. On MRI, it appeared as a polilobated cystic lesion, with suspected millimetric solid lesions inside. The lesion had an inverted C shape around the spleno-mesenteric confluence and superior mesenteric artery. On EUS, the lesion appeared as a micro-macrocystic lesion in the pancreatic head and uncinate process, with a diameter of 4 cm. Using a 25 G needle was impossible because of the density of the intracystic liquid. We used a 22 G needle to evacuate the cyst. The intracystic liquid was milky and very viscous. Analysis of the intracystic liquid showed amylase/lipase 200/1720 U/L, CEA 0.2 ng/ml and trygliceride 10570 mg/dl. Cytology showed a number of lymphocytes and pigmented histiocytes.

The diagnosis was pancreatic cystic lymphangioma. At seven months, the lesion was unchanged, and the patient was asymptomatic.

This is the first report of a pancreatic cystic lymphangioma diagnosed by EUS-FNA in such a young patient. Without EUS-FNA, it can be very difficult to make a differential diagnosis of such pancreatic cystic lesions.