Sarcomatoid carcinoma of the pancreas and congenital choledochal cyst

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CASE REPORT

A 72-year-old woman was admitted to our hospital with abdominal pain, fever, and weight loss. Physical examination revealed tenderness in the epigastrium. Laboratory data showed a white blood cell count of $12,600 \times 10^9/L$ (normal range, $4800-10,800 \times 10^9/L$) and increases in the serum levels of amylase (379 IU/L; normal <160 IU/L); aspartate aminotransferase (78 IU/L; normal 1-21 IU/L), alanine (60 IU/L; normal 1-22 IU/L), alkaline phosphatase (1410 IU/L; normal <207 IU/L), and gamma-glutamyl transpeptidase (447 IU/L; normal <25 IU/L). US and CT revealed dilatation of the common bile duct suggestive of a choledochal cyst (type I) and pancreatic-duct dilatation.

ERCP showed a large and bulging papilla and a dilated pancreatic duct with intraductal filling defects (A). Adjacent to the pancreatic duct was a distal dilatation compatible with congenital malformation in the biliary tree (B). Once the pancreatic duct was selectively cannulated, an endoscopic papillotomy was performed. With a Dormia basket and a Fogarty balloon (Wilson-Cook, Winston-Salem, SC), multiple membranes of mucinous material were obtained from the pancreatic duct (C). Biopsy specimens revealed that the tumor had a mostly sarcomatous component with spindle-shaped cells (D; left [H&E, orig. mag. $\times 100$], right [IHQ, orig. mag. $\times 40$]). Immunohistochemistry revealed some spindle tumor and anaplastic cells were positive for vimentin and cytokeratin.

The patient died 9 months later; autopsy findings included a spindle-cell type sarcomatoid tumor of the pancreatic head, with hepatic metastases and a congenital cyst of the distal biliary tree.

DISCLOSURE

The authors attest that they have no commercial associations that might be a conflict of interest in relation to the submitted manuscript.