



21° CONGRESSO NAZIONALE  
DELLE MALATTIE DIGESTIVE

# Learning Corner AIGO

## Ecoendoscopia Bilio - Pancreatica

26 - 27 Marzo ore 14.00 - 15.30

*Commissione Giovani e Commissione Endoscopia AIGO*

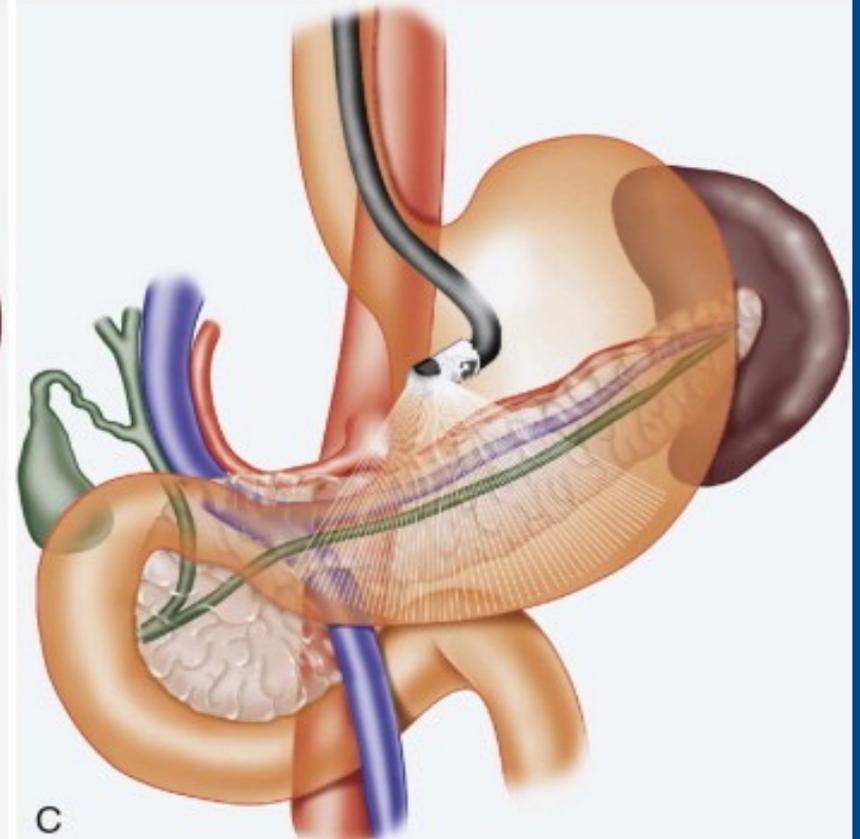
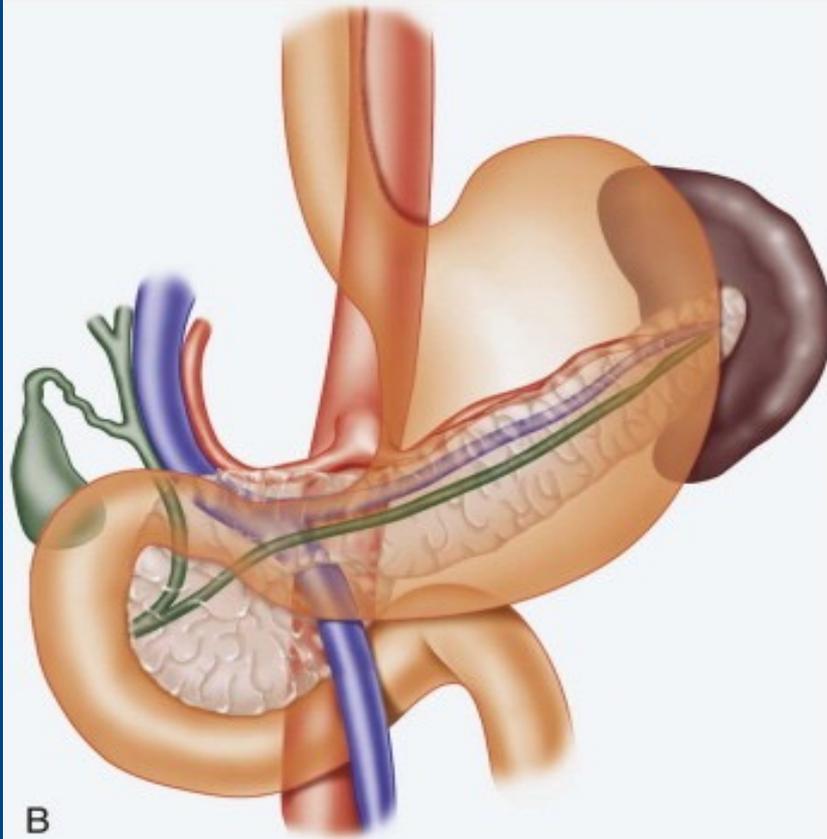
**Studio del pancreas e vie biliari con ecoendoscopio  
lineare e patologie viste con il lineare**

F. Antonini

U.O.C. di Gastroenterologia ed Endoscopia Digestiva  
Università Politecnica delle Marche  
Ospedale "A. Murri" - Fermo



# L1 – CELIAC TRUNK



## L1 – CELIAC TRUNK

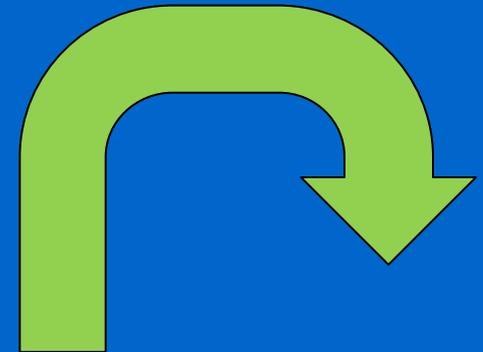


- trace CT until it bifurcates
- bifurcation
- advance with 1 to 2 cm and DOWN
- pancreas and portal-vein confluence

## L1 – CELIAC TRUNK

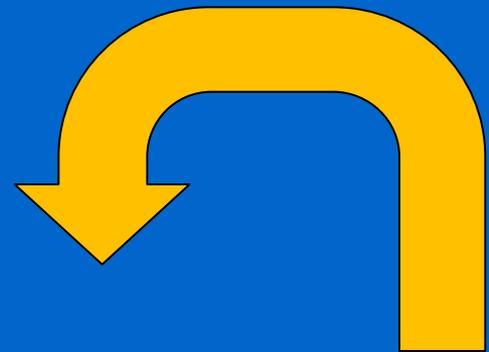


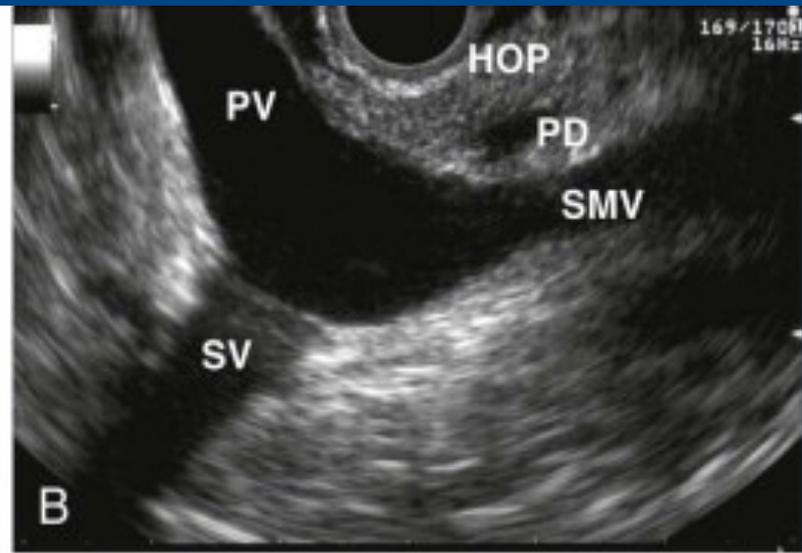
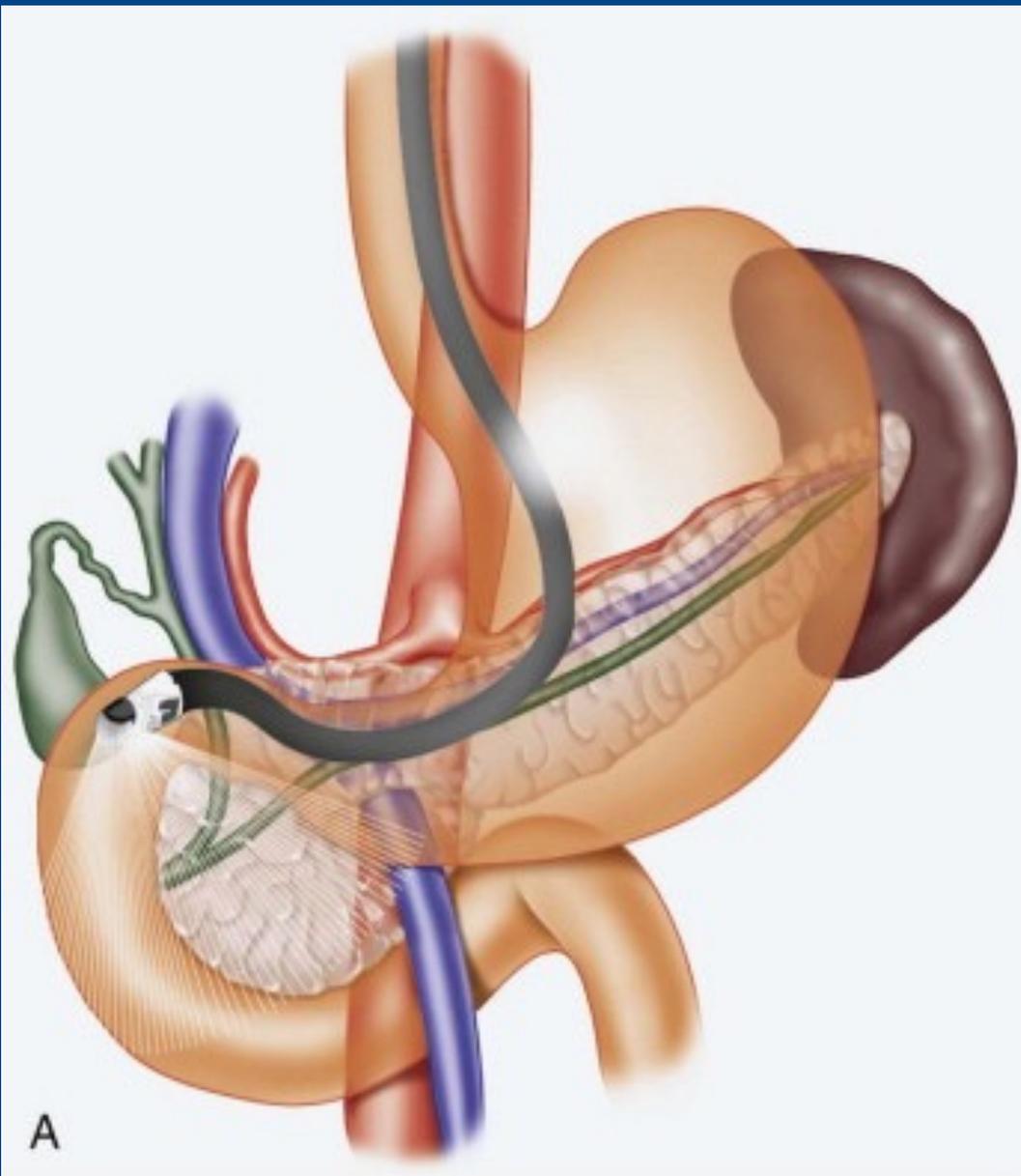
- trace CT until it bifurcates
- bifurcation
- advance with 1 to 2 cm and DOWN
- pancreas and portal-vein confluence
- **CLOCKWISE** and **WITHDRAWAL**: body-tail



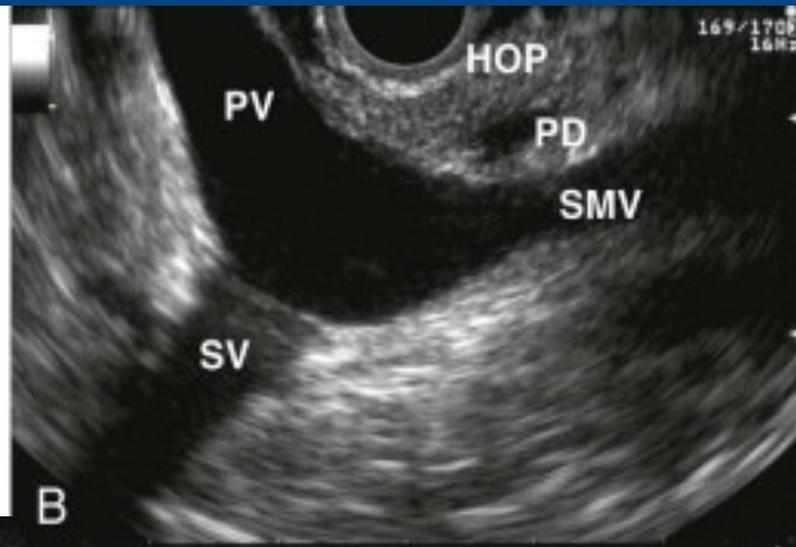
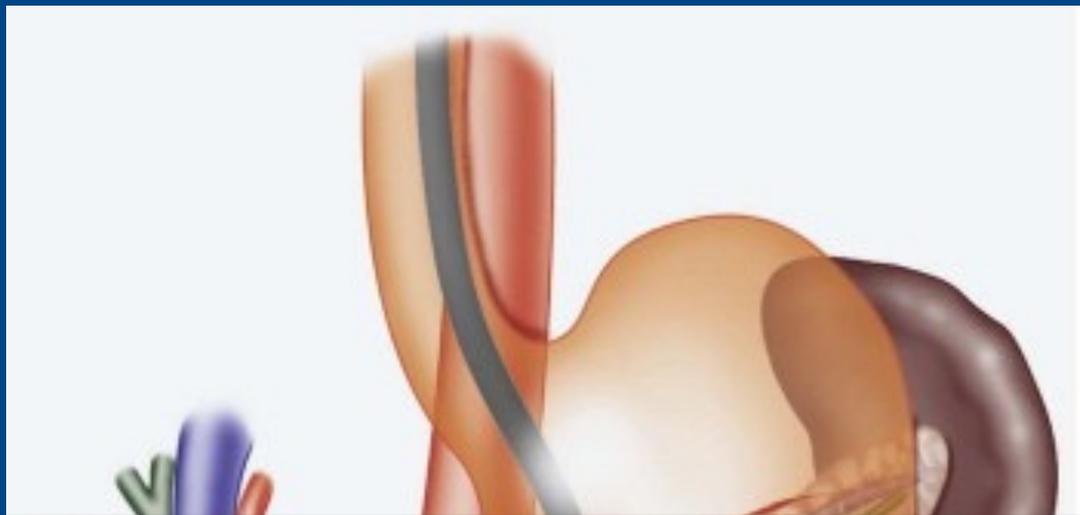


- trace CT until it bifurcates
- bifurcation
- advance with 1 to 2 cm and DOWN
- pancreas and portal-vein confluence
- COUNTER-CLOCKWISE and ADVANCE: genus





L2 - BULB

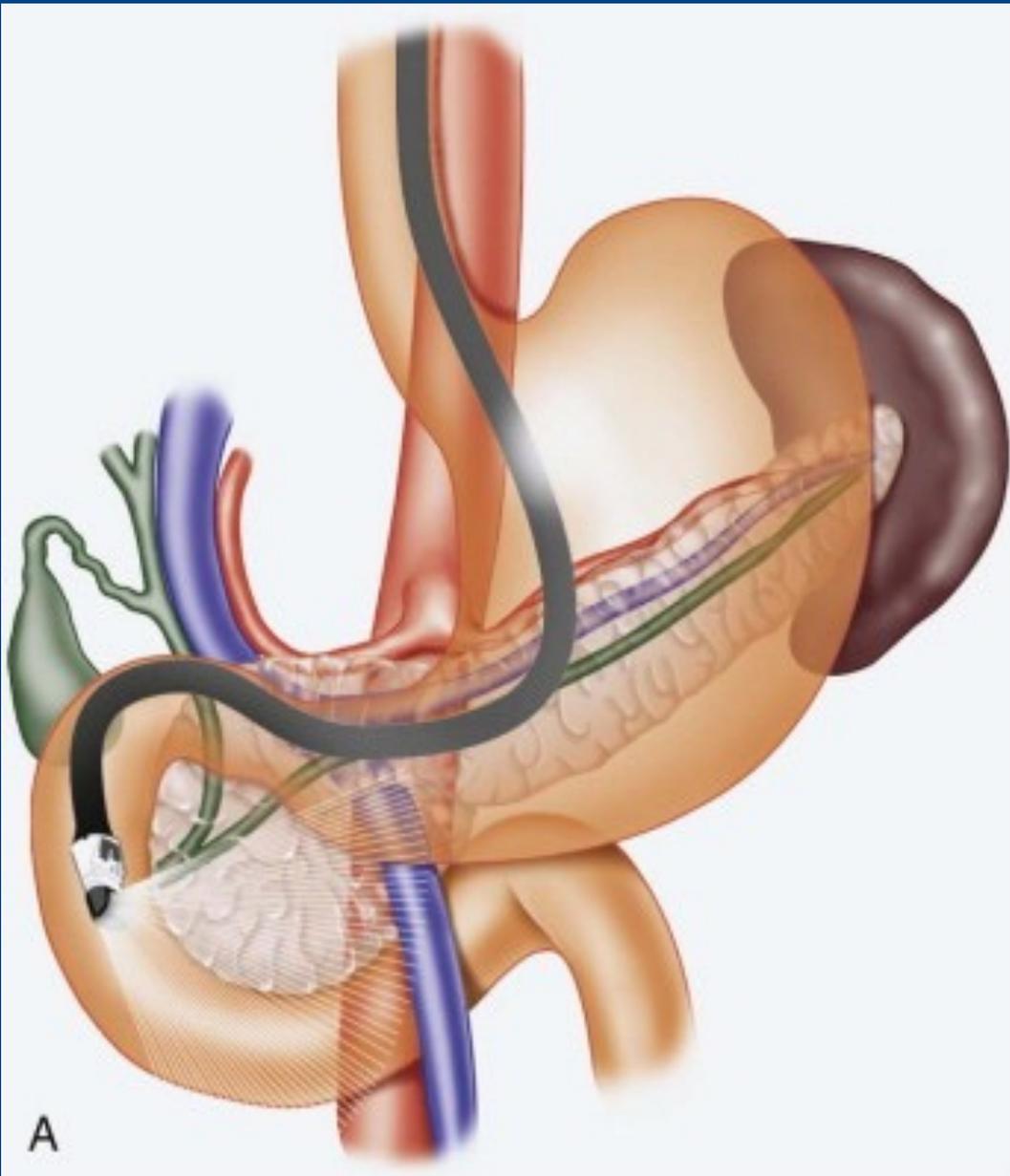


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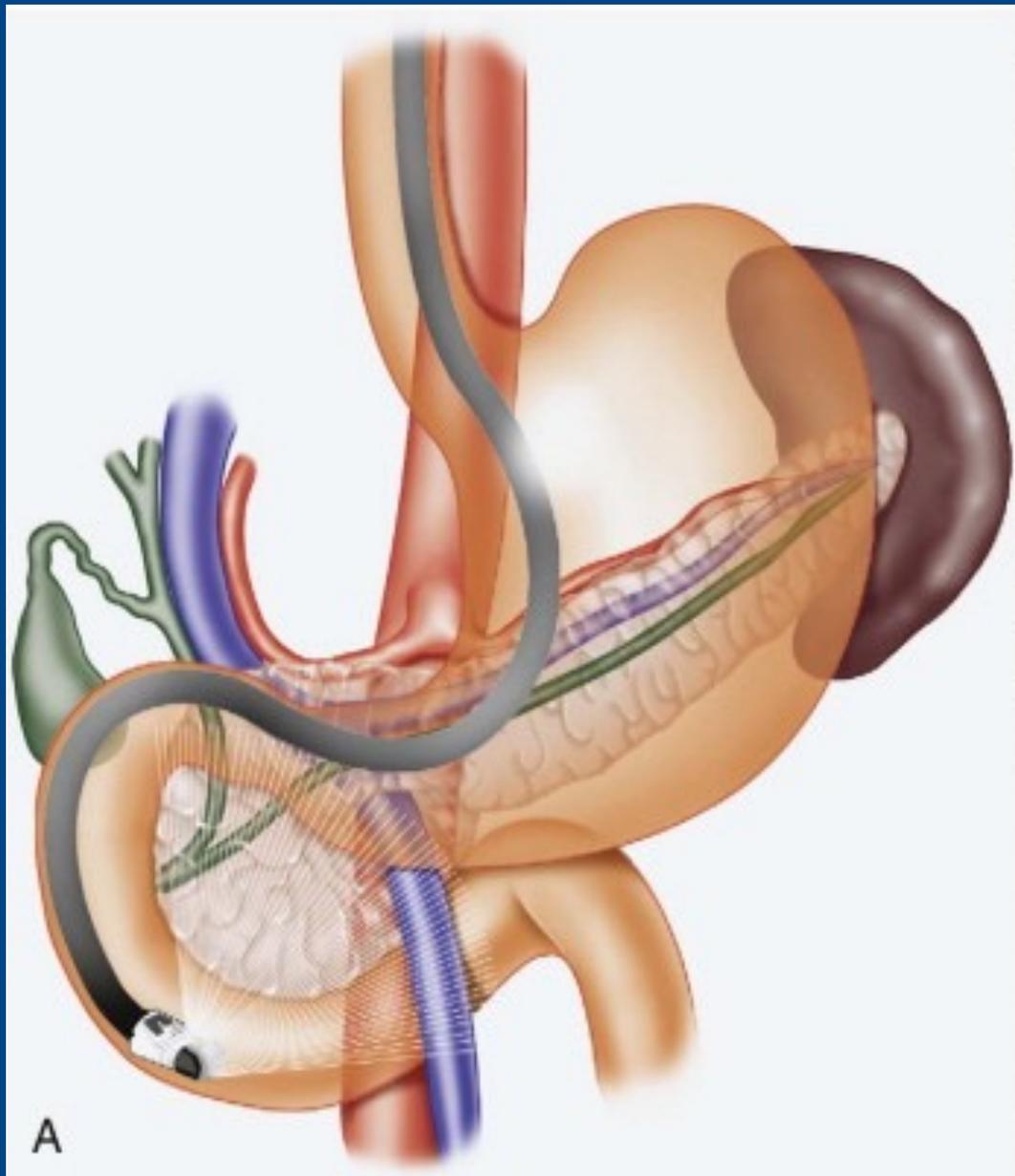
23



L2 – BULB



L3 – PAPILLA



L4 – UNCINATE PROCESS



32Hz

7.5M 10.0R03 G68 C4

1:OLYMPUS UCT140

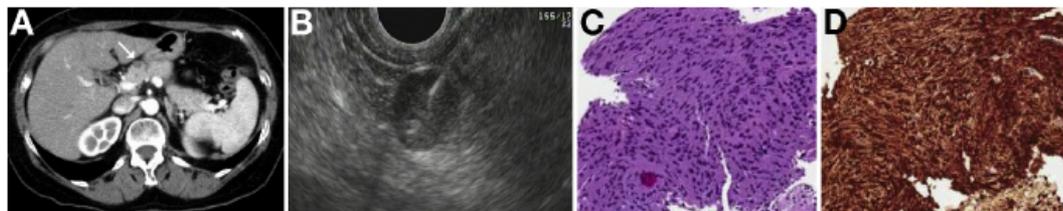
MI =0.53 DUA: 81%

# Endoscopic Ultrasound-Guided Fine-Needle Aspiration of an Unusual Pancreatic Mass



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An asymptomatic 55-year-old woman with no significant past medical history was referred for an incidental detection of a pancreatic mass. Abdominal computerized tomography showed a small hypovascular lesion in the pancreatic neck (Figure A). Laboratory blood test results were unremarkable, including normal carbohydrate antigen 19-9, carcinoembryonic antigen, and chromogranin levels. The patient underwent endoscopic ultrasound (EUS), which confirmed a 10-mm, well-circumscribed, hypoechoic, homogenous mass, without vascular invasion.

EUS-guided fine-needle aspiration of the pancreatic lesion with a 25-gauge ProCore needle (Cook Endoscopy, Winston Salem, NC) was performed to obtain a tissue diagnosis (Figure B). Histology of the EUS-guided fine-needle aspiration specimen showed a spindle-cell lesion. The neoplastic cells were arranged in a fascicular pattern, did not show nuclear atypia, and were mitotically inactive (Figure C). The spindle cells were strongly positive for S-100 (Figure D) and negative for CD34, CD117, and chromogranin. The microscopic appearance and immunostaining were consistent with a pancreatic schwannoma.

After exhaustive explanation of the condition, the patient refused surgical treatment and currently is asymptomatic, with no change in size of the lesion over the past 3 months.

Schwannomas are quite common spindle-cell mesenchymal tumors, which originate from specialized

myelin-producing cells located on the sheath of peripheral nerves. Common sites of origin include the head and neck region, the extremities, and the trunk. Pancreatic location is extremely rare. Approximately two thirds of pancreatic schwannomas are cystic, with a mean tumor size of approximately 6 cm.<sup>1-3</sup>

The treatment of choice for pancreatic schwannoma is complete resection of the tumor. The surgical approach includes many types of procedures depending on the tumor size, location, and, eventually, on histologic features. Because the vast majority of these neoplasms are benign, simple enucleation is recommended.<sup>1,2</sup>

## References

1. Moriya T, Kimura W, Hirai I, et al. Pancreatic schwannoma: case report and an updated 30-year review of the literature yielding 47 cases. *World J Gastroenterol* 2012;18:1538-1544.
2. Abu-Zaid A, Azzam A, Abou Al-Shaar H, et al. Pancreatic tail schwannoma in a 44-year-old male: a case report and literature review. *Case Rep Oncol Med* 2013;2013:416713.
3. Barresi L, Tarantino I, Granata A, et al. Endoscopic ultrasound-guided fine-needle aspiration diagnosis of pancreatic schwannoma. *Dig Liver Dis* 2013;45:523.

## Conflicts of interest

The authors disclose no conflicts.

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<http://dx.doi.org/10.1016/j.cgh.2014.08.035>



32Hz

7.5M 10.0R06 G73 C4



## FNA:

- “acqua di roccia”
- Amilasi e CEA ↓↓
- citologia: no atipie

Cistoadenoma  
Sieroso  
Uniloculare



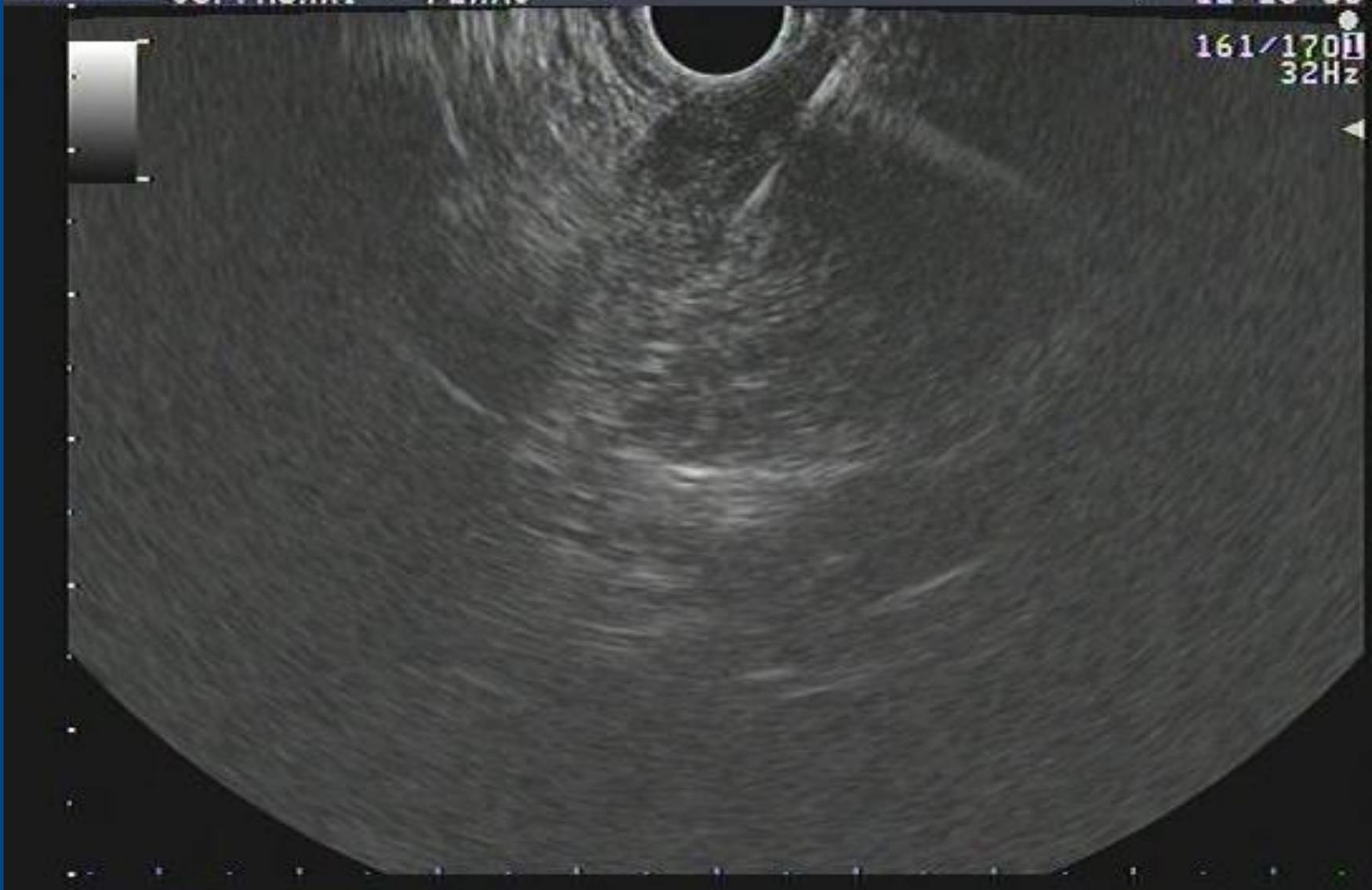
7.5M 10.0R06 069 C4

1: OLYMPUS UCT140

DVA: 81%

Citologia ed Istologia: Cellule atipiche con alterazioni nucleari, compatibili con adenocarcinoma pancreatico

161/170  
32Hz



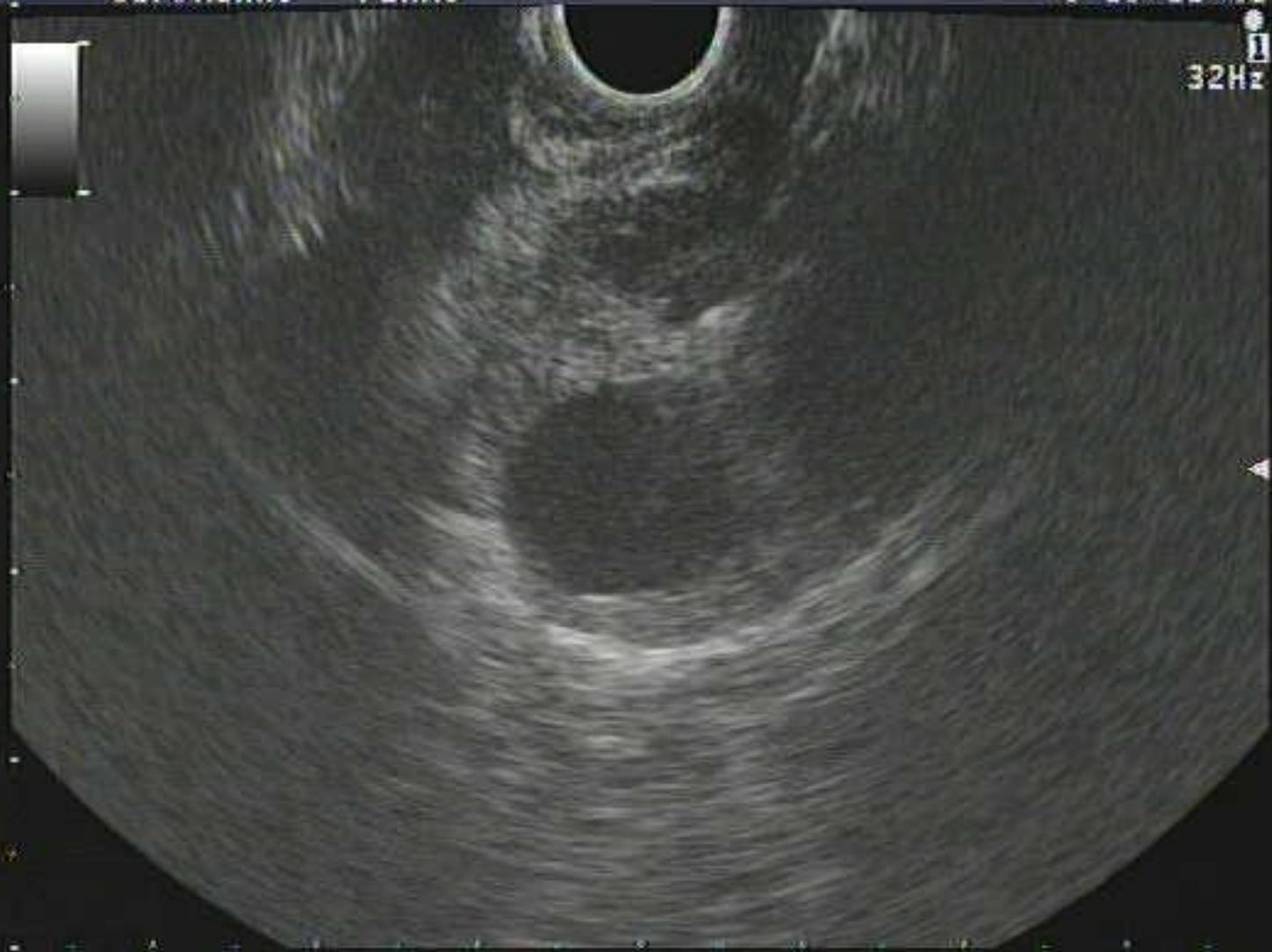
7.5M 10.0R06 G73 C4

1:OLYMPUS UCT140

DVA: 81%

Citologia: cellule prive di atipia

Istologia: piccoli gruppi di cells epiteliali con nuclei arrotondati e nucleoli non evidenti prive di significativa atipia citologica. Il citoplasma è scarso e non mostra aspetti di mucosecrezione. Il quadro è suggestivo per CAS solido.



32Hz

7.5M 10.0R05 G73 C4

1:OLYMPUS UCT140

MI =0.54 DVA: 81%

Fluido: Amilasi e CEA ↓↓

Citologia: materiale ematico  
comprendente gruppi di cells epiteliali  
pancreatiche talora con modesto grado  
di atipia di sospetta natura neoplastica

Istologia: neoplasia epiteliale a  
differenziazione neuroendocrina. Mib-1  
2-3%

169/170  
32Hz



7.5M 10.DR01 G67 C4

1: OLYMPUS UCT140

DVA: 81%



7.5M 10.0R06 G67 C4  
1:OLYMPUS UCT140

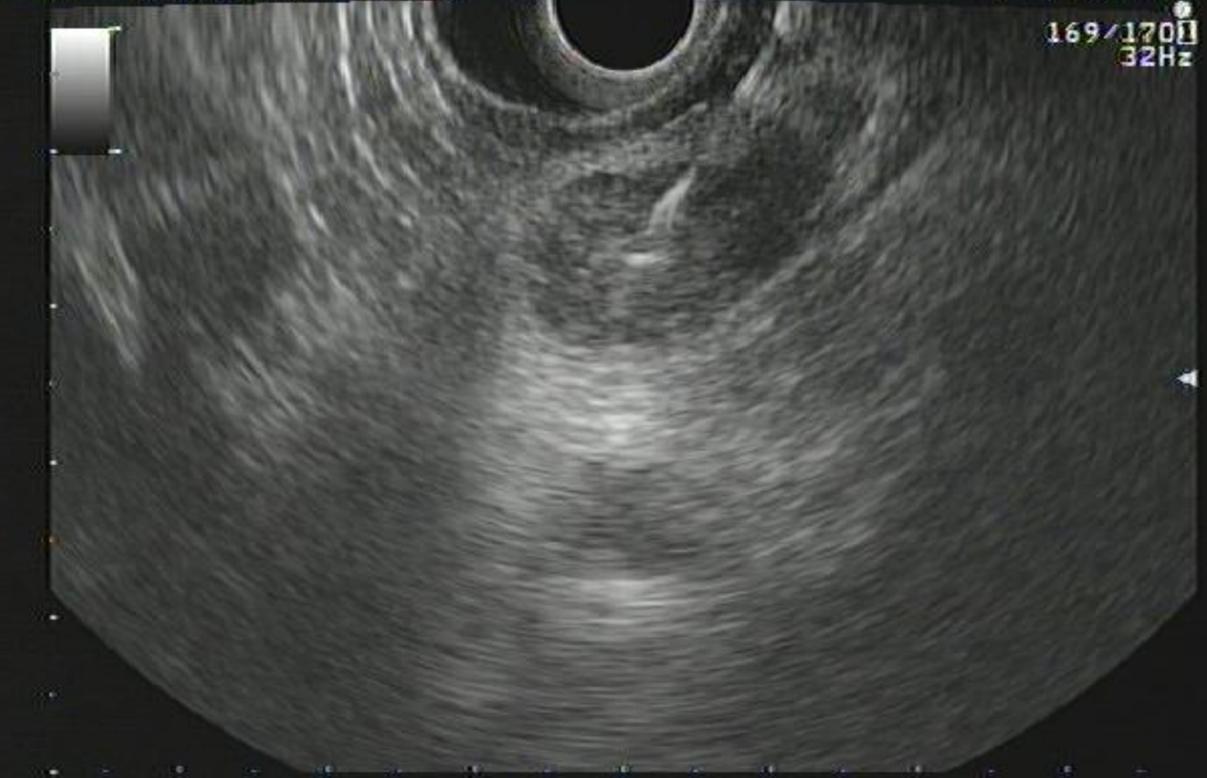


7.5M 10.0R06 G67 C4  
1:OLYMPUS UCT140 DVA: 81%

ALOKA GASTROENTEROLOGIA : : Y : 23-03-'15 : 11:52:49  
OSP. MURRI - FERMO



ALOKA GASTROENTEROLOGIA : PIUNTI : Y : 23-03-'15 : 12:05:02  
OSP. MURRI - FERMO



: Y : 23-03-'15 : 11:53:20



7.5M 10.DR05 G67 C4

1:OLYMPUS UCT140

1:OLYMPUS UCT140 DVA: 81%

DVA: 81%

Fluido: Amilasi ↓  
CEA >11000

Citologia: Cellule  
atipiche con  
alterazioni nucleari,  
compatibili con  
adenocarcinoma  
pancreatico

