




Large Serous Cystic Neoplasm of the Pancreas

Grande Neoplasia Cística Serosa do Pâncreas

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Serous cystic neoplasm (SCN) is a benign cystic lesion of the pancreas first described in 1978. It is most prevalent in females, presenting most commonly in the 5th and 6th decades of life.

Typically presents on computed tomography (CT) imaging as a multicystic mass with a central, enhancing stellate scar, and is more often located in the pancreatic head. On magnetic resonance imaging (MRI) SCN feature a cluster of small cysts, a central fibrous scar and absence of communication between the cysts and the pancreatic duct.^{1,2}

Endoscopic ultrasound guided fine needle aspiration (EUS-FNA) and fluid aspiration is helpful in the distinction between mucinous and non-mucinous cystic lesions.

Acellular cytology and low carcinoembryonic antigen (CEA) and amylase concentration of cyst fluid further support the diagnosis of SCN.³

SCN is a benign entity with virtually no malignant transformation.³⁻⁵

Resection is only indicated in the presence of symptoms and/or inability to exclude malignancy.³ Most SCN remain stable in size, 40% of patients increase slowly in size, yet rarely become symptomatic.

We present the case of a female patient, first diagnosed with SCN at 73 years old. The SCN measured 45x35 mm at

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diagnosis. At 80 years old, the SCN measured 68x60x66 mm, was asymptomatic, and no follow-up was deemed necessary. At 90 years old, a computed tomography (CT) scan was performed for an unrelated emergency room admission

and showed the SCN measuring 94x77x91 mm. Despite its large size, the lesion did not cause obstruction of adjacent anatomical structures and the patient remained asymptomatic throughout two decades.



Figure 1. Axial CT scan showing a multicystic mass with a central calcification in the head of the pancreas.

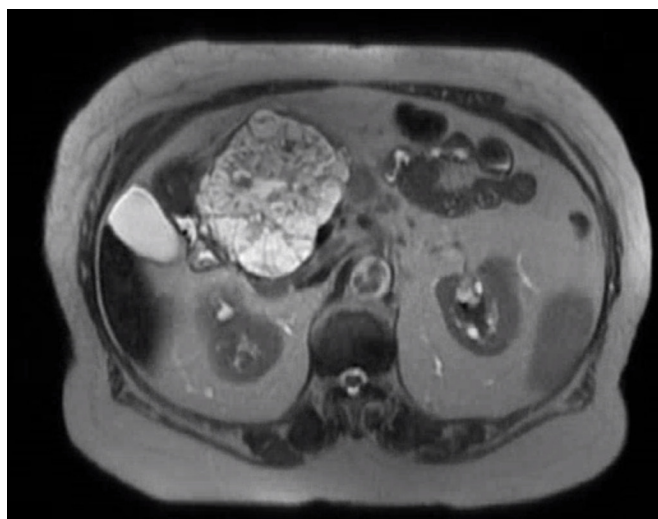
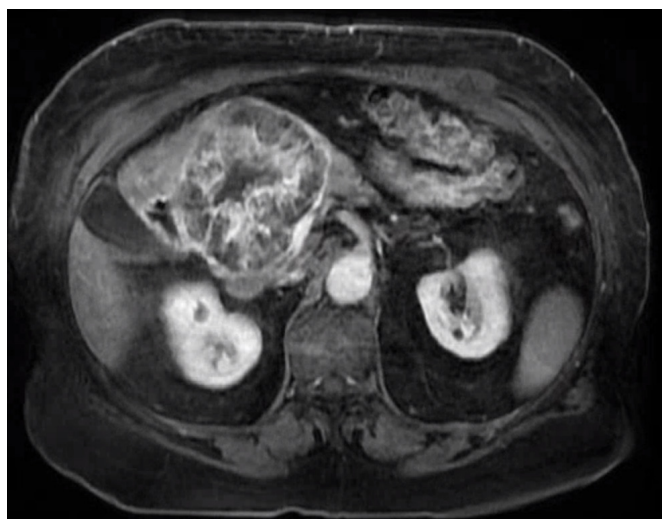


Figure 2. Magnetic resonance imaging (T1-weighted image on the left; T2-weighted image on the right) showing a cluster of small cysts and a central stellate scar in the head of the pancreas.

ETHICAL DISCLOSURES

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MSF, FL, JV, AF and NC: Contributed to the conception, analysis and writing of the manuscript.

All authors have reviewed and approved the final version to be published.

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MSF, FL, JV, AF e NC: Contribuíram para a concepção, análise e redação do manuscrito.

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REFERENCES

1. Choi JY, Kim MJ, Lee JY, Lim JS, Chung JJ, Kim KW, et al. Typical and atypical manifestations of serous cystadenoma of the pancreas: imaging findings with pathologic correlation. *AJR Am J Roentgenol*. 2009;193:136-42. doi:10.2214/AJR.08.1309
2. Miller FH, Lopes Vendrami C, Recht HS, Wood CG, Mittal P, Keswani RN, et al. Pancreatic cystic lesions and malignancy: assessment, guidelines, and the field defect. *Radiographics*. 2022;42:87-105. doi:10.1148/rg.210056
3. European Study Group on Cystic Tumours of the Pancreas. European evidence-based guidelines on pancreatic cystic neoplasms. *Gut*. 2018;67:789-804. doi:10.1136/gutjnl-2018-316027
4. Slobodkin I, Luu AM, Höhn P, Fahlbusch T, Tannapfel A, Uhl W, et al. Is surgery for serous cystic neoplasms of the pancreas still indicated? Sixteen years of experience at a high-volume center. *Pancreatology*. 2021;21:983-9. doi:10.1016/j.pan.2021.03.020
5. Jais B, Rebours V, Malleo G, Salvia R, Fontana M, Maggino L, et al. Serous cystic neoplasm of the pancreas: a multinational study of 2622 patients under the auspices of the International Association of Pancreatology and European Pancreatic Club (European Study Group on Cystic Tumors of the Pancreas). *Gut*. 2016;65:305-12. doi:10.1136/gutjnl-2015-309638