

Excision Of Benign Cystadenoma Of The Pancreas Is Safe And Effective

Elroy WELEDJI^{*1}

¹Surgery, University Of Buea, CAMEROON

Background : Pancreatic cysts are frequently detected incidentally and a definitive preoperative diagnosis remains challenging. Benign cystic lesions have a very high cure rate. With accumulating knowledge of the biological nature of these neoplasms there is currently a selective therapeutic approach with respect to the type of resection required. The aim of pre-operative investigations are to confirm pancreatic origin, exclude pseudocyst and determine the probability of malignancy.

Methods : A 27-yr- old African woman with no history of pancreatitis was admitted for an elective resection of a large cystic neoplasm of the body and tail of the pancreas demonstrated by ultrasound examination in a low resource setting. The excision avoided the potential morbidity of a distal pancreatectomy and histopathology confirmed a benign mucinous cystadenoma neoplasia (MCN). Follow-up after a year showed no evidence of recurrence.

Results : A large unilocular/multilocular cyst with no prior history of pancreatitis in an otherwise normal pancreas is most likely to be a mucinous neoplasm and occur almost exclusively in women. The risk of misdiagnosis for pseudocyst increases if it communicates through the pancreatic duct (mucinous cystadenocarcinoma 15%, MCN 9%). The treatment of benign pancreatic cystic lesions is controversial as cystic tumours are potentially malignant especially the high risk intraductal papillary neoplasms (IPMN)s. As MCNs occur in the body and tail of the pancreas distal pancreatectomy has been conventionally performed. This case demonstrates that excision, parenchymal-sparing enucleation, or focal non-anatomical resection may be considered safe and effective for MCN, branch duct IPMNs, without clinical radiological, cytopathological or serological suspicion of malignancy. If the final pathology reveals no foci of invasive carcinoma or positive margin for high grade dysplasia undetected on frozen sections a definitive cancer resection is performed

Conclusions : Excision of benign cystadenoma of the pancreas is safe and effective and surveillance for recurrence is not necessary. However, newer biomarkers that identify high risk IPMNs are important.

Corresponding Author : Elroy WELEDJI (elroyapat@yahoo.co.uk)