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RESEARCH ARTICLE

ISOLATED POLYCYSTIC DISEASE OF THE PANCREAS: A CASE REPORT

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Abstract

Polycysticdisease of the pancreasis a rare disease most often seen in association with polycystic kidney disease and Von Hippel Lindau syndrome. It is characterized by the presence of single or multiple simple congenital cysts in the pancreatic parenchyma. These cysts are benign in nature and do not communicate with the main pancreatic duct. We report a case of a young 31-year-old female patient incidentally detected to have multiple simple pancreatic cysts.

Introduction:-

Polycysticdisease of the pancreas (PDP) is a rare entity with an unknown incidence, which can occur with other cysts, especially those of the kidneys, liver, and central nervous system.

Case Report

A 31-year female with no medical history, presented with diarrhea and generalized weakness for eight weeks.

Physical examination was unremarkable.

Ultrasound of the abdomen suggested cystic lesion of the pancreas.

Magnetic resonance imaging (MRI) showed innumerable cystic lesions of variable sizes diffusely involving the pancreas, almost completely replacing the parenchyma withl argest measuring 44 × 40 × 36 mm located in the head.

These pancreatic cysts exhibited hyperintense signals on T2WI and hypointense signals on T1WI sequences. There was no evidence of septations or calcification within these cysts.

The main pancreatic duct was not dilated. There was no evidence of communication between the cysts and the main pancreatic duct.

No liver or kidney cysts were found. (Figure 1-2).

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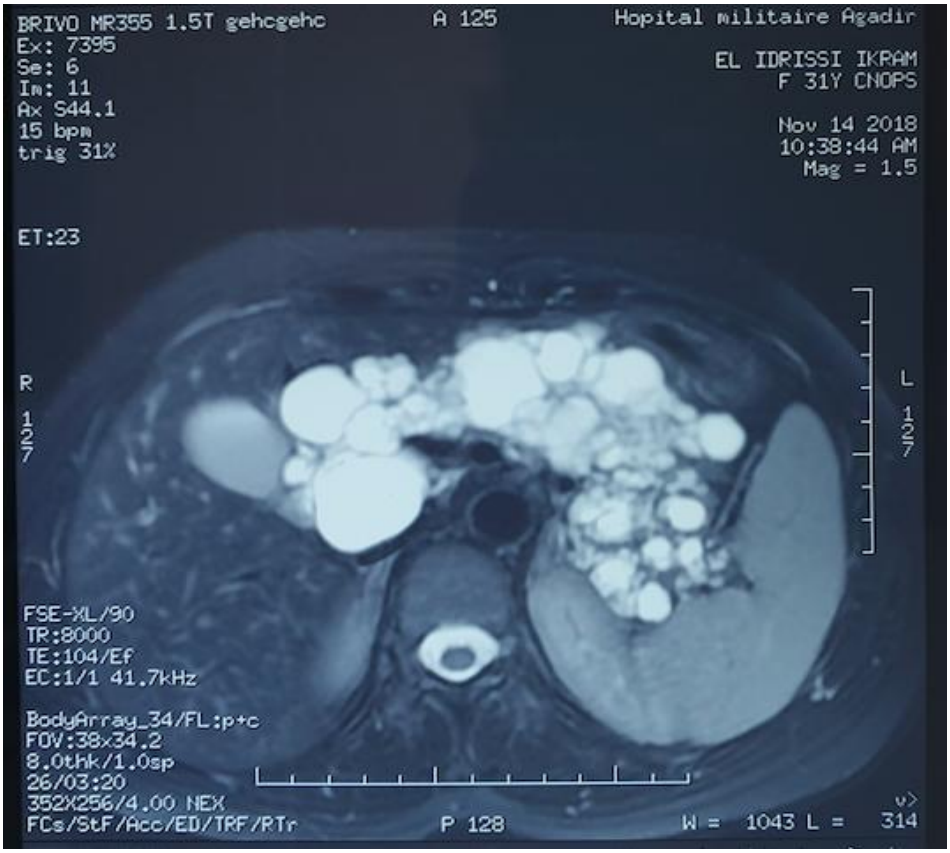
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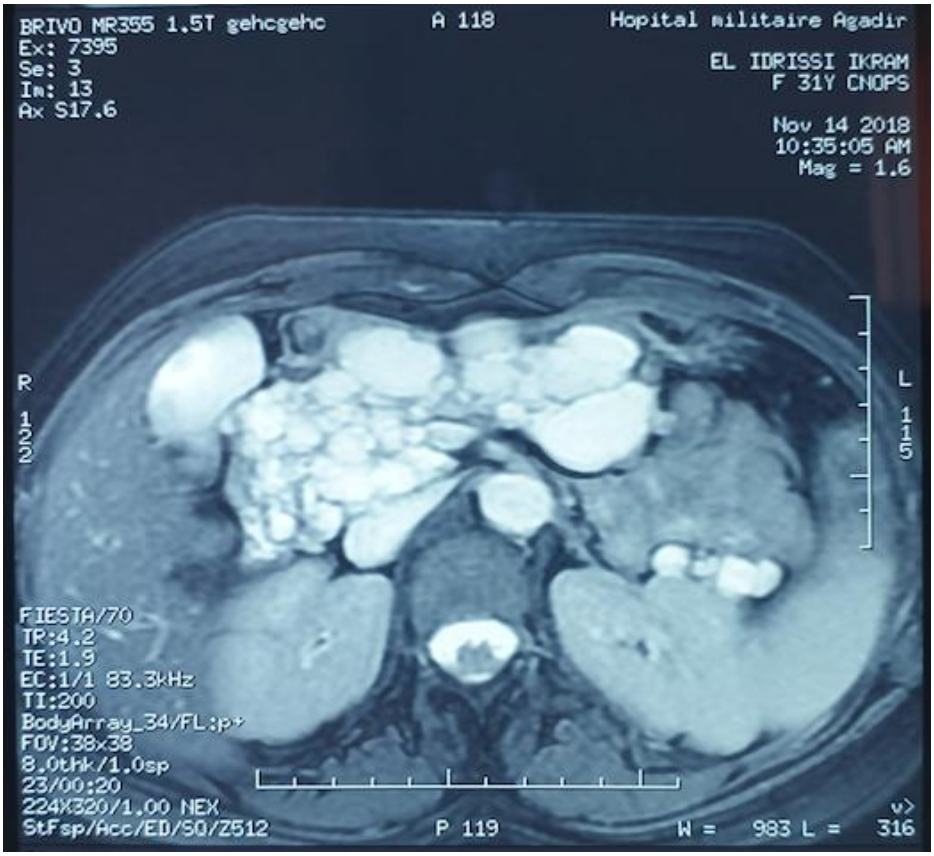
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Cerebral MRI was normal.

Tumor markers (CA19-9 and CEA) were normal.

Mutation of the VHL tumoursuppressor gene on the short arm of chromosome 3 was not found, Von Hippel-Lindau disease was discarded.

Discussion:-

Polycystic pancreas occurs due to abnormal development of pancreatic ductal system secondary to ciliopathy [1].

Radiological, it is difficult to differentiate congenital cysts from pseudocysts. But unlike congenital cysts, pseudocysts have amylase rich fluid. Hence, cystfluid

On the other hand, malignant pancreatic cysts usually have intramural nodules, thickened irregular cyst wall, enhancing septae, main pancreaticduct dilatation or calcifications which help to differentiate them from congenital cysts [2].

In our case, none of the above-mentioned features were present.

Pancreaticcysts have been most commonly found to be associated with polycystic kidney disease(PKD), cystic fibrosis and Von Hippel Lindau (VHL) disease [3].

Due to its benign nature, PDP do not require surgery or surveillance as seen in our case.

Conclusion:-

PDP is a rare disease which should be included in differential diagnosis while evaluating a patient with pancreatic cysts. It is most frequently associated with PKD or VHL. Radiological imaging is useful in differentiating PDP from cystic pancreatic neoplasms.

Figures

Figure 1,2: Magnetic resonance imaging (MRI): innumerable cystic lesions of variable sizes diffusely involving the pancreas, with largest measuring 44 × 40 × 36 mm located in the head. These pancreatic cystsexhibited hyperintense signals on T2WI and hypointense signals on T1WI sequences.

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