

中文題目：一位中年女性治療感染性腸炎中意外發現的胰臟囊性病兆：個案報告

英文題目：Incidental finding of a pancreatic cystic lesion in a middle-aged woman being treated for infectious colitis: a case report

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Introduction

Pancreatic cystic lesions, whether benign or malignant in nature, are increasingly recognized largely because of advances in imaging studies. Here we report a 52-year-old woman presenting with infectious colitis, with incidental finding of pancreatic cystic lesion.

Case report

A 52-year-old diabetic woman who was admitted for treatment of infectious colitis, with initial presentation of 2-week lower abdominal pain and watery diarrhea. Contrast-enhanced abdominal CT scans incidentally revealed a cystic nodule over the pancreatic head. From MRI, the cyst showed more obvious lobulated, microcystic patterns, hypointense in T1 with gadolinium contrast enhancement. Based on clinical features, comorbid conditions and imaging characteristics, there was high possibility of pancreatic serous cystadenoma.

Discussion

Based on patient characteristics (such as age, sex, history of pancreatitis, location of lesions) and imaging patterns (including CT and MRI), a diagnosis can be made for pancreatic cystic lesions. Most pancreatic cystic lesions are asymptomatic and do not require urgent interventions. Surgical resection for pancreatic serous cystadenoma is usually not necessary unless symptomatic or larger than 4cm in diameter.

Conclusion

Different types of benign pancreatic neoplasms possess clinically and radiographically distinct patterns. Pancreatic serous cystadenoma is associated with very low malignant potential, and its definite diagnosis requires tissue proof.