

中文題目：隱藏在肝囊腫後的胰臟癌 – 困難的影像診斷

英文題目：Pancreatic Cancer behind Hepatic Cysts: A Diagnostic Challenge

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Case Presentation

A 62-year-old female is a case of polycystic kidney and liver disease (PCKLD). She presented with progressive protruding of abdomen, lower leg edema, and weight loss for 7 kilogram in 6 months. Tumor marker assays showed elevated blood levels of CA-199 (621.1 U/mL; reference range: 0.0-37.0 U/mL) and CA-125 (661.6 U/mL; reference range: 0.0-35.0 U/mL). An abdominal sonogram showed ascites but failed to identify any pancreatic lesion due to the interference of huge hepatic cysts. We then arranged a magnetic resonance imaging (MRI), which demonstrated a malignant lesion sized 6.8×4.4 cm at distal body and tail of the pancreas (arrows; Figure A) (asterisk; Figure B and C), which located behind a 8.0×7.5 cm huge hepatic cyst (arrows; Figure B). Besides, liver (arrow; Figure C) and lung metastasis, as well as peritoneal seeding and metastatic lymphadenopathies were also seen. A chest CT-guided core-needle biopsy was taken from a right lung nodule with the pathology report revealing metastatic pancreatic acinar cell carcinoma. Chemotherapy with gemcitabine and oral target therapy with erlotinib were subsequently started. There was no pancreatic abnormality in the previous contrast-enhanced MRI 3 years ago (arrows; Figure D)

Conclusion

PCKLD patients are at high risk of developing malignancy¹. Most cases of pancreatic cancer are advanced and unresectable at the time of diagnosis. Early recognition and timely management are essential to offer patients the best chance for a definitive cure through surgery². In our case, it is noteworthy that the sonogram failed to identify the pancreatic cancer in a patient of PCKLD, which was eventually diagnosed by a MRI. Sonogram is a non-invasive and cost-effective first-line diagnostic tool, and its sensitivity for detecting pancreatic cancer in non-PCKLD population has been reported as 50-90%³, which is more challenging in PCKLD patients, as multiple variable sized hepatic cysts hinder early detection of pancreatic lesion. MRI is a better option in such case due to its superior deep lesion sensitivity as well as soft-tissue contrast property even without contrast injection than that offered by sonogram.⁴ Therefore, we suggest that for patients with multiple hepatic cysts, the accuracy of sonogram to detect a deep organ lesion is limited.

