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SOLID PSEUDO PAPILLARY TUMOR OF
PANCREAS: DIAGNOSIS AND
MANAGEMENT APPROACHES OF 39
PATIENTS

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Introduction: Solid Pseudopapillary tumour of pancreas (Frantz tumour), a rare tumour. Affecting mostly young females, benign with low malignant potential. Represent 1-2% of pancreatic neoplasms.

Methods: A retrospective study of treatment results in 39 patients with Solid Pseudopapillary neoplasms (SPN) was performed in the institute from Nov 2009 to Dec 2019. The mainstay of assessment was clinical, its mode of onset & physical findings. Abdominal ultrasound, contrast-enhanced computed tomography (CECT) and Magnetic Resonance Imaging (MRI). Asymptomatic, septated or multilocular cysts with a solid component, thick walls, mucoid material or hemorrhagic cyst fluid are predictors of malignancy. An elevated tumour marker (CA 19-9), a contributory factor for malignancy.

Result: Patients were female 37 & male 2, between 3rd to 4th decade (average 35 yr.). 15 (38.46%) were pancreatic head tumour, 10 (25.64%) body tumour and 14 (35.9%) in the tail of the pancreas. Distal Pancreatectomy with splenectomy done in 12 (30.77%), Spleen preserving distal Pancreatectomy 7 (17.95%), Whipple's procedure 14 (35.9%) and middle pancreatectomy in 6 (15.38%). Post-operative pancreatic leakage noted in 4 (10.25%), Pseudocyst 2 (5.12%) & pancreatic fistula in 1 (2.56%). Followed-up 8 to 106 months, recurrence after 6 yr. in 1 (2.56%), without any postoperative deaths.

Conclusion : SPN is a relatively indolent tumour. Initial diagnosis is suggested by radiologic imaging, which should be considered in the context of clinical and histopathologic characteristics. SPN is often misdiagnosed as Pseudocysts of Pancreas and leads to therapeutic indecisiveness. We advocate for complete surgical resection once it is diagnosed.