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Letter to the Editor

Dermoid cyst within pancreas: A challenging preoperative diagnosis



A 35-year-old male presented with mild persistent epigastric pain for about 6 months. His systemic and abdominal examination was unremarkable. On investigation, ultrasonography showed a well defined echogenic mass in the head of pancreas. The laboratory studies including serum amylase, CA 19-9, and CEA levels were within normal limit. A CT scan of abdomen revealed a large (7 × 5 cm) hypoattenuating mass in the head of pancreas with a focal area of calcification (Fig. 1). Due to the symptoms of pain, uncertain nature of the mass, and unavailability of further investigation tools like endoscopic ultrasound, the decision was made to resect the mass. At surgery, the entire mass was excised off the head. Gross pathological examination revealed a 7 × 5 cm cystic mass consisting tufts of hair, cartilagenous and bony tissues, consistent with a dermoid cyst (Figs. 1–2). The patients improved symptomatically after surgery.

The approach in patients with cystic lesions of pancreas is poorly defined, and is inadequate.¹ Several factors interplay in the decision making, such as accuracy of preoperative diagnostic tools, type of symptoms, feasibility and safety of resection. The laboratory and radiological findings are

often inconclusive, and in many times the diagnosis is intra-operative, as happened in our case. Recently, endoscopic ultrasound-guided fine needle aspiration cytology, coupled with biochemical and tumor marker analysis of the cystic fluid has been shown to be effective tool for diagnosis of pancreatic lesions.² However, efficacy of such approach in diagnosing dermoid cyst is not known. Furthermore, the differentiation of dermoid cysts from epidermoid cysts, lymphoepithelial cyst, acinar cell cystadenocarcinoma, cystic form of pseudopapillary tumors, and cystic islet cell tumors remains a clinical challenge.³ In our case, presence of cystic mass consisting tufts of hair and bony tissues was quite characteristics of a dermoid cyst. Dermoid cyst is a cystic teratoma which is able to generate tissues from all the three germ layers. It usually occurs in younger ages, have no sex preference, and are commonly found in ovaries, but may occur in any pathway of ectodermal cell migration.⁴ Dermoid cyst of the pancreas is extremely rare occurrence.⁵ To our knowledge, only 36 cases have been described in the world literature till date, and this is the first case reported from India. Given the indecisive preoperative diagnostic tool and probability of good surgical

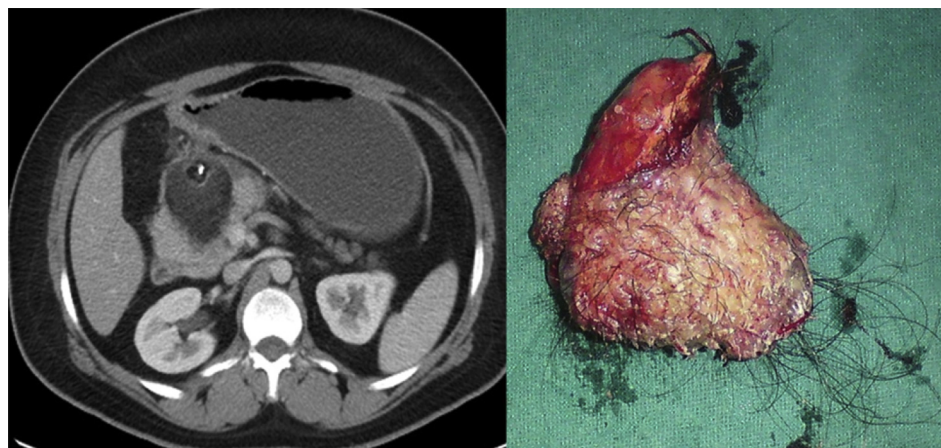


Fig. 1 – CT scan of abdomen (left panel) showing a well defined hypoattenuating mass in the head of pancreas with areas of calcification (Rokitansky protuberance). On gross pathological examination (right panel), cystic mass consisting tufts of hair, cartilagenous and bony tissues, consistent with a dermoid cyst.

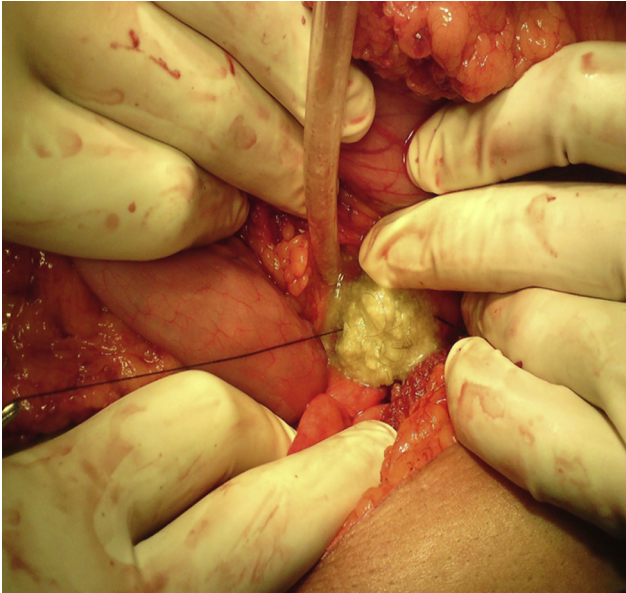


Fig. 2 – Intraoperative photograph showing toothpaste like material with hair in the head of pancreas.

outcome, surgical resection may be considered in patients with indeterminate cystic lesions of pancreas.

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