

SLIDE SEMINAR - PANCREAS

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This is an intraductal papillary mucinous neoplasm (branch duct type) with low grade dysplasia.

Although, at low power, this multiloculated lesion resembles a serous microcystic adenoma (SMA), there is no central stellate scar typical of SMA. The epithelial lining is tall and columnar, with focal papillae and eosinophilic cytoplasm, in contrast to the clear, cuboidal cells seen in SMA. There is predominantly gastric foveolar type epithelium with patchy goblet cells, neither of which would be seen in an SMA. Mucin histochemistry confirmed diffuse DPAS-staining throughout the lesion. There is no evidence of ovarian type stroma to suggest a mucinous cystic neoplasm and there is no evidence of an invasive carcinoma. Excision was complete.

REVIEW ARTICLE

Katabi N, Klimstra DS. Intraductal papillary mucinous neoplasms of the pancreas: clinical and pathological features and diagnostic approach. *J Clin Pathol* 2008; 61: 1303-1313.