

# Rare malignant tumor lesion - sarcoma of the pancreas ( representative case )

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## ABSTRACT

**Introduction:** Tumor-like lesions of the pancreas, in particular, those with solid characteristics show a broad differential diagnosis.  
**Aim:** To describe the rarely described case of low-grade sarcoma as a rare tumor(Tu)-entity of the pancreas

**Material & methods:** Scientific case report

### Results (CASE DESCRIPTION):

A 52-years old female patient presented w/ a suspicious pancreatic Tu-lesion as an intraop. finding by coincidence. Additional diagnoses are partial thrombosis of the thoracic aorta as well as left renal & hepatic arteries. Clin. characteristics comprised a reduced general & cachectic nutritional status (lab parameters, L/C/P increased; CA19-9/CEA within normal range). Thoracic/abdominal CT scan revealed inhomogeneous Tu-lesion of the pancreatic tail & unclear Tu-suspicious lesions of the left pararenal gland + the 10<sup>th</sup> thoracic vertebra – in addition, pseudoaneurysm of the splenic artery, thrombus of the thoracic aorta & occlusion of the common hepatic artery. The Tu-board recommended TEVAR & open resection of the pancreatic tail with splenectomy, which were performed w/o complications within a 4-d interval.

Postop. course was characterized by delayed GI passage & gastric atony (temporarily, approached w/ gastric tube & prokinetics) + therapy-resistant hypertension w/ need of a new medication. Postop. Tu-board conference recommended radiation & adequate Tu-follow up due to the histopathologically investigated diagnosis of a retroperitoneal, spindle-cell low-grade sarcoma. In case of the status CRM+ (< 1 mm; "R0 narrow" to the retroperit. vessels), histopathol. reference investigation was ordered in Münster (Germany), which revealed an undifferentiated spindle-cell sarcoma – repeat Tu-board confirmed need of additive radiation, which was postponed due to the delayed reconvalescence. Patient died from Tu-disease 4 weeks after initiation of therapy.

**Conclusion:** This case demonstrates sarcoma as a rarely occurring Tu-entity of the pancreas, which needs to be included basically into the spectrum of the differential diagnoses in case of unclear pancreatic Tu-lesions.



ABSTRACT – INTRODUCTION – CASE DESCRIPTION – DISCUSSION – RESUMÉ – LITERATURE

## INTRODUCTION & AIM

**Background:** Tumor lesion of the pancreas can be considered a challenging differential diagnosis.

**Method:** Scientific case report

As follows, an interesting & rarely described case is to be reported, in whom histopathological investigation incl. reference finding of an originally unclear tumor lesion of the pancreas revealed the diagnosis of a *sarcoma*.



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## AIM

**Illustration of a rare case constellation in an uncommon pancreas-associated Dx**

... by means of a scientific "case report"

- with a representative patient course

- on the rare case of a pancreas-associated entity ( and )

based on:

- selected references from the medical scientific literature ( plus )

- own clinical,

case-specific experiences obtained in the case management,

Medical history,

Symptomatology,

Finding,

Diagnostic

(Differential) Diagnosis- ( & )

Therapy- ( plus )

Outcome- ( as well as )

Follow up-associated aspects



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## CASE DESCRIPTION

- A 52-years old female patient (pat.) was presented with a suspicious tumor lesion of the pancreas as intraop. co-incident finding in laparoscopic repair of an umbilical hernia (in a regional hospital).
- Additional diagnoses comprise partial thromboses of the thoracic aorta, left renal artery & hepatic artery as well as chronic nicotine abuse.
- The patient's condition was characterized by a reduced general condition & cachectic nutritional status ( laboratory parameters, white blood cell count/CrP increased; CA19-9/CEA within normal range ).

After EUS with biopsy w/o a distinct finding, CT scan of thorax/abdomen was performed:

- Inhomogeneous tumor lesion of the pancreatic tail & unclear lesion suspicious for a tumor lesion of the left pararenal gland & of the 10<sup>th</sup> vertebral body of the thoracic spine;
- In addition, pseudoaneurysm of the splenic artery, thrombi of the thoracic aorta & occlusion of common hepatic artery



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## CASE DESCRIPTION (II)

- Interdisciplinary tumor board conference recommended subsequently TEVAR & open resection of the pancreatic tail w/ splenectomy, which was performed within 4 days w/o complications.
- Postoperative clinical course was prolonged & characterized by delayed intestinal passage & gastric atony ( temporary, manageable w/ gastric tube & prokinetics ) + therapy-refractory hypertonus w/ new medication.

Postoperative tumor board conference recommended - due to the histological diagnosis of a retroperitoneal, spindle-like cell "low-grade" sarcoma - a postop. radiation + adequate tumor follow-up control.

In status of CRM+ (< 1 mm; "R0 narrow" to the retroperitoneal vessels), a histological investigation at a reference laboratory in Münster (GERMANY) was initiated (undifferentiated spindle-cell sarcoma) – the repeat tumor board conference confirmed additive radiation, which was postponed due to delayed reconvalescence.



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## CASE DESCRIPTION (III)

- Three-months CT control revealed peritoneal carcinomatosis, metastasis of the left pararenal gland as well as hepatic & osseous metastases.
- Subsequently, a repeat tumor board conference recommended systemic chemotherapy (one application of Doxorubicin mono ...

... in addition, necessary right thoracocentesis for pleural effusion in distinct suspicion of carcinomatous pleuritis) plus radiation of the vertebral column (dosage, 40 Gy á 4 Gy) for pain w/ palliative intention.

The pat. died from tumor disease by four weeks after initiation of therapy.



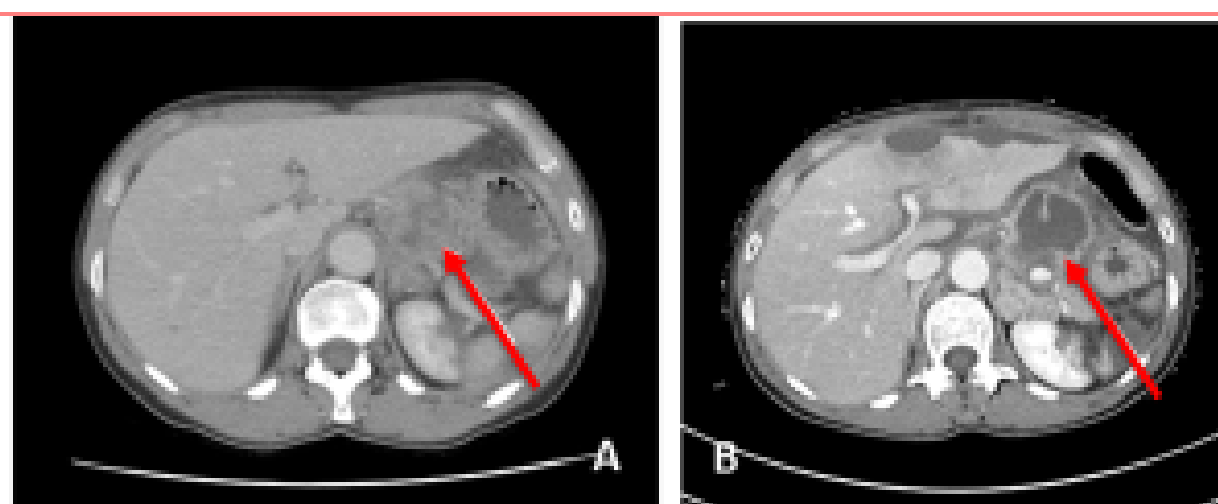
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## CASE DESCRIPTION (IVa) Imaging

### Preoperative CT scan of the abdomen:

Tumor lesion of the pancreatic tail (white arrow)

A & B) Transversal scan  
C & D) Coronary scan



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## CASE DESCRIPTION (IVb) Imaging

A & C) 4 weeks preop.  
B & D) 1 week preop.



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## DISCUSSION

- The orienting imaging of the abdomen appears essential prior to operative hernia repair.
- In addition, this case describes a *sarcoma* as a rarely occurring tumor entity of the pancreas, which has to be basically included into the differential diagnosis of an unclear tumor lesion of the pancreas.
- Preop. diagnosis-finding is prognostically relevant for the finding-related decision-making with regard to an adequate, if applicable multimodal (in particular, neoadjuvant) approach.
- Despite tumor resection, fast progression of the disease (early recurrency) w/ limited prognosis was observed.
- The median-term required palliative treatment should exhaust multimodal options under appropriate preservation of the quality of life.



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## RESUMÉ

The described case shows impressively the basic option of the occurrence of a rare tumor lesion of the pancreas, a *sarcoma*, which is to be included in considering (in particular, unclear) differential diagnoses of pancreatic tumor lesions, also for radiological & endoscopic diagnostic.



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## LITERATURE

Ptok H, Schalk E, Hass P, Heinze C, Brunner T, Croner RS.  
[Multimodale Therapie primärer, nicht metastasierter retroperitonealer Sarkome.](#) *Zentralbl Chir.* 2020 Oct;145(5):405-416  
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## ACKNOWLEDGEMENT

