

## **Lymphoepithelial Cyst of the Pancreas: A Challenging Differential Diagnosis among Cystic Pancreatic Tumors**

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**Context** First described by Luchtrath and Schriefers in 1985 [1], lymphoepithelial cysts (LECs) of the pancreas are rare true benign cystic tumors of uncertain etiology (0.5% of all pancreatic cysts). They are found mainly in middle-aged males in the tail of the pancreas (size range: 2-10 cm). The challenging preoperative differential diagnosis of pancreatic LECs is among pseudocysts, cystic neoplasms and intraductal carcinomas. **Case report** During follow up for prostatic cancer, a 66-year-old man presented as an incidental finding at abdomen CT scan, a multiloculated cystic lesion (8x6 cm), located between duodenum and pancreatic head, with a solid component in its lower side, without contrast enhancement. MRI confirmed the lesion, suspected to be a mucinous tumor non communicating with the Wirsung duct. A pancreatic EUS showed a inhomogeneous cystic mass of the head of the pancreas, which had internal septa and a solid component. The amylase level in the cystic fluid content was 84 U/L, and CEA and CA 19-9 levels were 301 µg/L and 76,579 kU/L, respectively. Histology of the solid component was inconclusive. A <sup>18</sup>FDG-PET was negative for pancreatic malignancy. Blood tests showed a severe increase of creatinine and urea levels, because the patient had an acute renal failure due to the prostatic cancer,

and serum CEA and CA 19-9 levels were 2.7 µg/L and 81 kU/L, respectively. After renal function normalization, with the suspicion of a mucinous cystic neoplasm (MCN), the patient underwent surgery. The mass had a tight-elastic thickness and seemed not to involve the pancreatic parenchyma, so a resection of the lesion was performed. The post-operative course was uneventful. Histology revealed a cystic lesion (8x4 cm) containing yellowish fluid, lined by a stratified squamous epithelium with focal sebaceous differentiation, and surrounded by lymphoid tissue. The patient is well and asymptomatic three months after surgery.

**Conclusion** LECs should be considered in the differential diagnosis of cystic pancreatic tumors, whenever a large, well-defined solid or cystic peripheral pancreatic lesion is found. Imaging findings of LECs are non-specific, so surgical resection with pathological examination of the cyst is the gold standard for diagnosis. Cytology from EUS-FNA can help to distinguish LECs from cystic neoplasms.

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### **Reference**

1. Luchtrath H, Schriefers KH. A pancreatic cyst with features of a so-called branchiogenic cyst. *Pathologie*. 1985 Jul;6(4):217-9. [PMID: 4048076]