

Adenosquamous Pancreatic Cancer: 10 Years of Experience in a Center

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Context Pancreatic adenosquamous carcinoma (PASC) represents 0.4-4% of the exocrine pancreatic neoplasms and has a more aggressive behavior than ductal adenocarcinoma, but its natural history is unknown.

Objective To evaluate clinical presentation, preoperative investigations, surgical approach, histological features and follow up in PASC. **Methods** We reviewed clinical data of patients who underwent pancreatic resection for PASC in the last decade in our Department. **Results** From January 2002 to December 2011 we performed 211 pancreatic resections for malignant cancer of the exocrine pancreas and 4 of them were PASC (1.8%). All patients (4 M, averaging 63.7 years; range 54-76 years) had a tumor located in the pancreatic head. Symptoms of presentation were upper abdominal pain (2/4), hyperglycemia (2/4) and jaundice (1/4). CA 19-9 was high in 2/4 patients

without jaundice. All patients underwent pancreaticoduodenectomy (mean tumor size 3.4 cm) and in 3/4 cases a vascular resection was performed. In 2/4 cases a preoperative pancreatic biopsy was positive for pancreatic adenocarcinoma. Follow up to December 2011 (mean follow up 21.3 months). Two patients had an intra-abdominal bleeding in the perioperative period: one died after an early reoperation and the other died of tumor progression after 14 months. Another patient died with hepatic relapse (follow up 8 months) and the last one developed an urothelial cancer but is still alive (follow up 42 months). **Conclusion** Surgical treatment is the only reasonable therapeutic approach for PASC, but early relapse is frequent. The role of non-operative therapies for PASC is less clear. If preoperatively known, PASC could be candidate to neoadjuvant therapy.