



REVISTA DE GASTROENTEROLOGÍA DE MÉXICO

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CLINICAL IMAGE IN GASTROENTEROLOGY

Imaging features of primary pancreatic lymphoma[☆]

Características de imagen del linfoma pancreático primario

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Primary lymphoma of the pancreas is an extremely rare pancreatic disease that requires a high-level of suspicion for diagnosis. Its differentiation from the commonly encountered malignant pancreatic neoplasm, i.e., adenocarcinoma, is crucial, given the potential for non-surgical management. Imaging features, though challenging, may suggest the diagnosis of primary pancreatic lymphoma. They include a well-circumscribed bulky tumor mass located in the head of the pancreas, featuring no marked pancreatic ductal dilatation, which is associated with confined peripancreatic lymphadenopathy, but not with superficial or mediastinal lymphadenopathy, or with hepatic or splenic involvement. Computed tomography (CT) imaging may show homogeneously hypodense characteristics in the portal venous phase (Fig. 1) and magnetic resonance imaging (MRI) may show low signal characteristics on T1-weighted images, with subtle contrast enhancement, or heterogeneous signal characteristics on T2-weighted images. Lastly, diffusion restriction on diffusion-weighted imaging (DWI)/apparent diffusion coefficient (ADC) in MRI should raise a high index of suspicion for primary pancreatic lymphoma (Fig. 2).

We describe herein a patient with pathologically confirmed primary pancreatic diffuse large B cell lymphoma, who presented with epigastric complaints and displayed the above-mentioned imaging characteristics.¹ Laboratory findings were unremarkable, with the following results: normal alkaline phosphatase (ALP) at 101 IU/L, lipase at 7 IU/L, aspartate transaminase (AST) at 24 IU/L, and slightly elevated alanine transaminase (ALT) at 45 IU/L, as well as normal kidney function, with creatinine at 0.43 mg/dL and a GFR greater than 90.

Ethical considerations

We hereby certify that we obtained a written statement of informed consent from the patient, giving his permission to participate in this case report.

We hereby certify that this case report complies with the current regulations on bioethical research and that it was approved by the institutional ethics committee.

[☆] Please cite this article as: Mutluoglu M, Cruyt L, Gryspeerdt S. Características de imagen del linfoma pancreático primario. Rev Gastroenterol Méx. 2022;87:253–255.

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Figure 1 Contrast-enhanced coronal (A), and axial (B) CT images in the portal venous phase, showing a hypodense mass in the pancreatic head (A-B-C-asterisk), accompanied by peripancreatic lymphadenopathy just superior to the mass (A-arrowhead). Note the patency of the superior mesenteric artery and the splenic vein in the arterial phase (C-arrows).

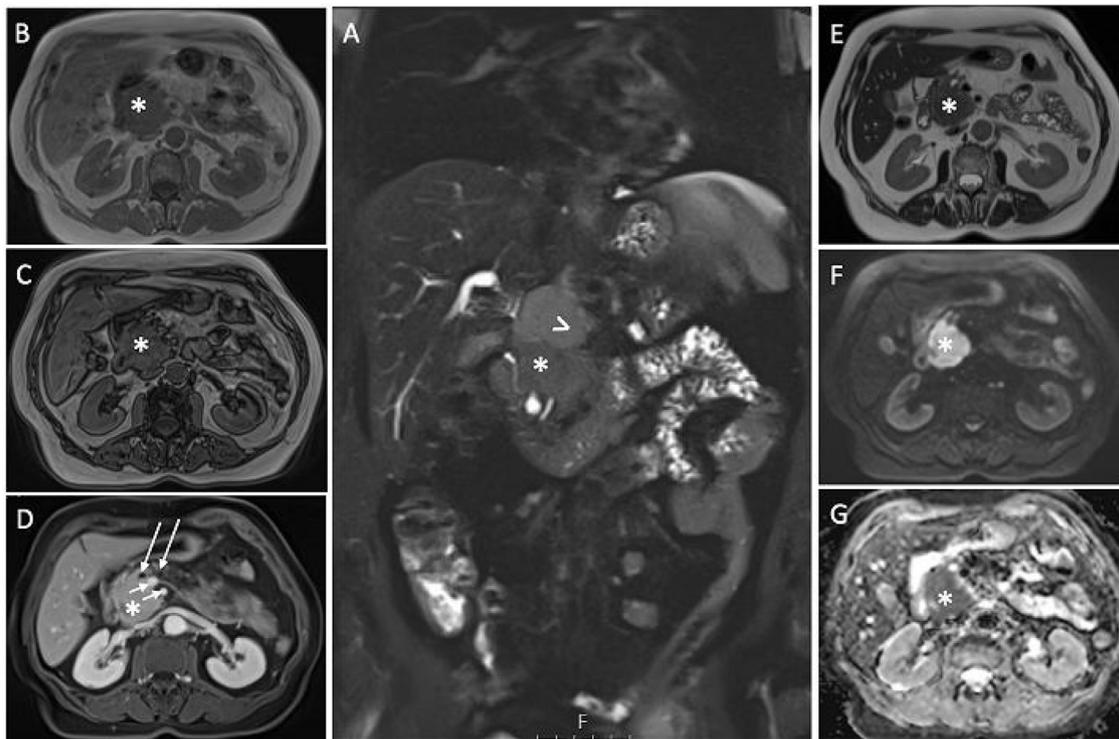


Figure 2 Coronal and axial T2W MRI scans, showing a mass in the pancreatic head (A-E-asterisk), with intermediate signal intensity, accompanied by peripancreatic lymphadenopathy just superior to the mass, demonstrating slightly less signal intensity than the mass (A-arrowhead). The mass shows hypointense signal characteristics on the non-contrast T1W in-phase and out-of-phase MRI scans (B-C) and demonstrates subtle contrast enhancement (D-asterisk). Note the patency of the superior mesenteric artery and the splenic vein (D-short arrows) and the slightly dilated ductus pancreaticus on the post-contrast T1W image (D-long arrows). Lastly, axial DWI and corresponding ADC images show homogeneous diffusion restriction of the primary mass (F-G-asterisk).

Financial disclosure

No financial support was received in relation to this article.

Conflict of interest

The authors declare that there is no conflict of interest.

Reference

1. Boninsegna E, Zamboni GA, Facchinelli D, et al. CT imaging of primary pancreatic lymphoma: experience from three referral centres for pancreatic diseases. *Insights Imaging*. 2018;9:17–24, <http://dx.doi.org/10.1007/s13244-017-0585-y>.