



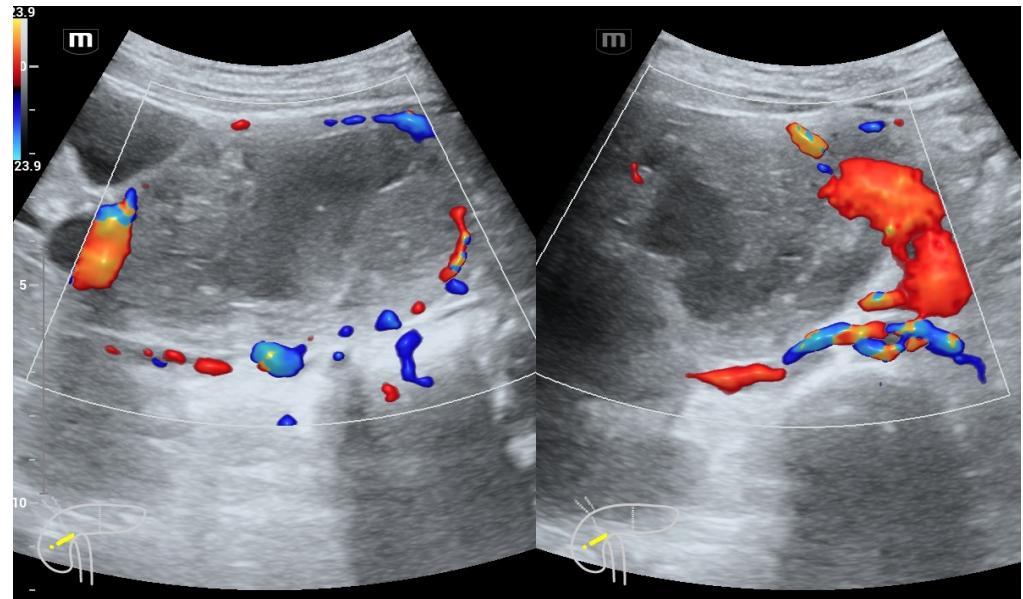
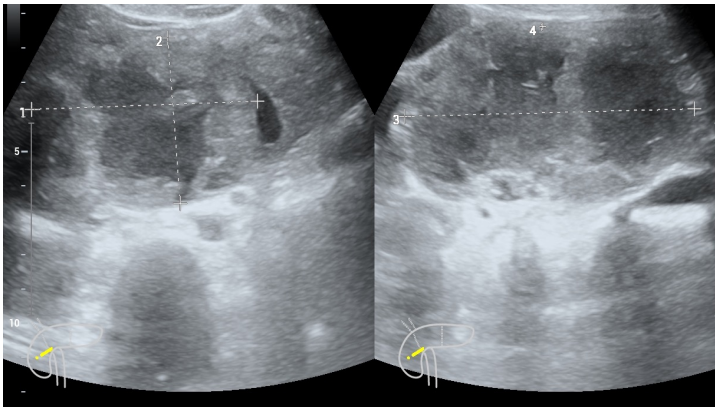
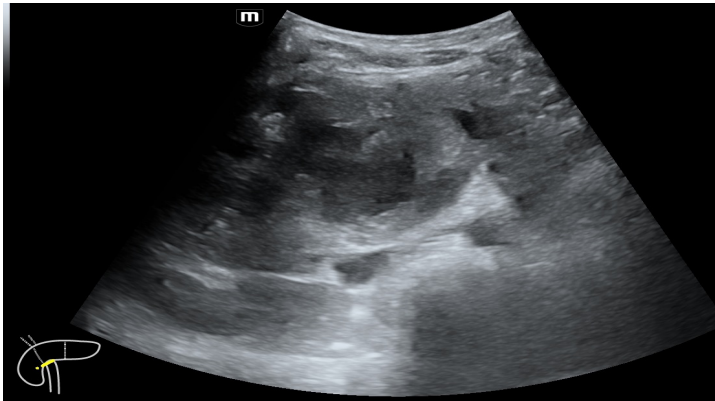
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KARNATAKA RADIOLOGY EDUCATION PROGRAM

Brief history

- 22 year old female patient came with complaints of pain abdomen x 1 month
- No known comorbidities
- Menstrual history – within normal limits
- General physical examination – within normal limits

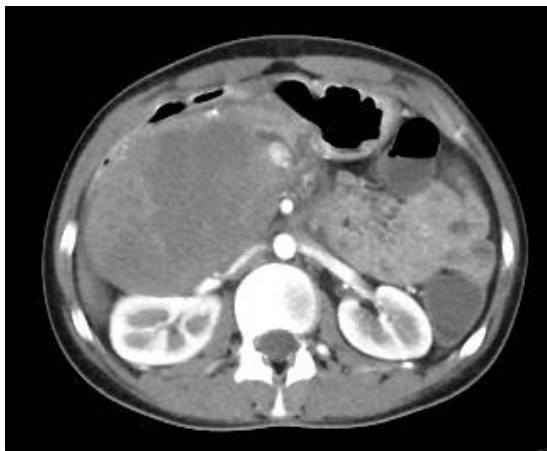
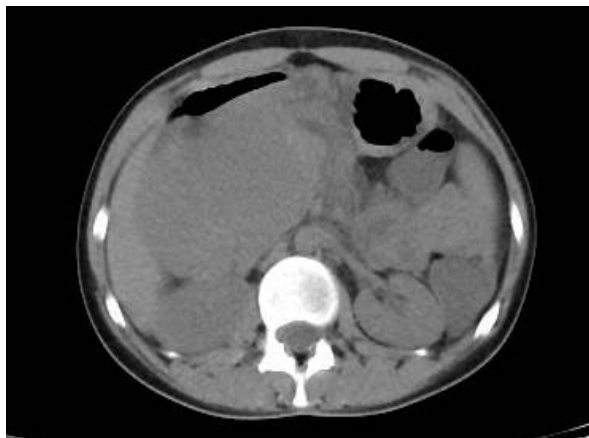
USG



USG FINDINGS

- Pancreas – A large solid heteroechoic solid cystic lesion noted arising from head of pancreas measuring approximately 7x4x9cm(tvxapxcc).
- The lesion is showing mass effect by compressing CBD anterioplaterally with mild IHBRD . Posteriorly the lesion is close to IVC and medially compressing and displacing IVC .
- On colour doppler shows peripheral vascularity .
- No evidence of any calcification within the lesion

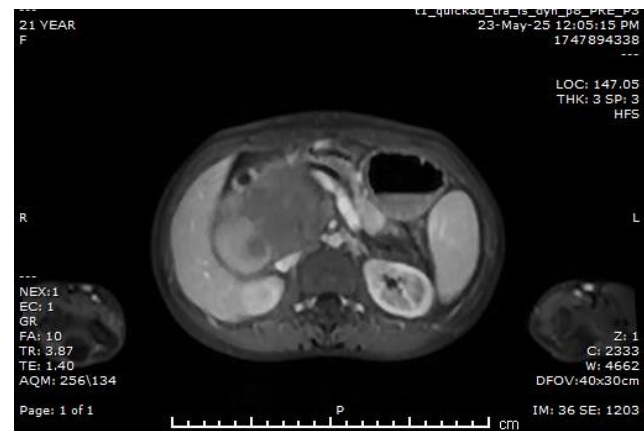
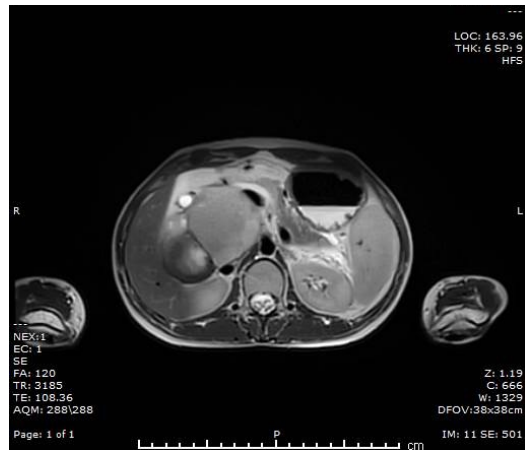
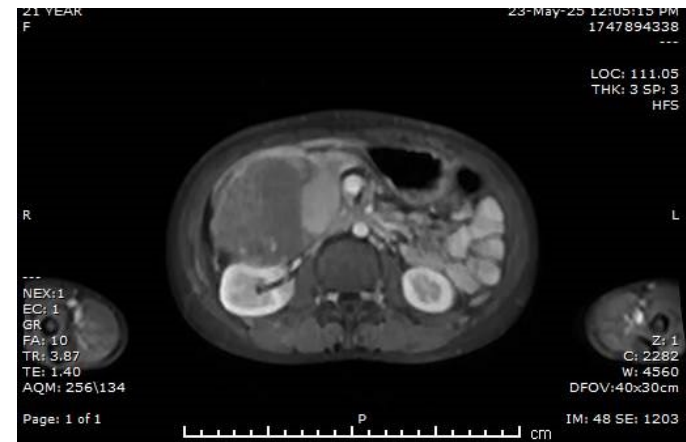
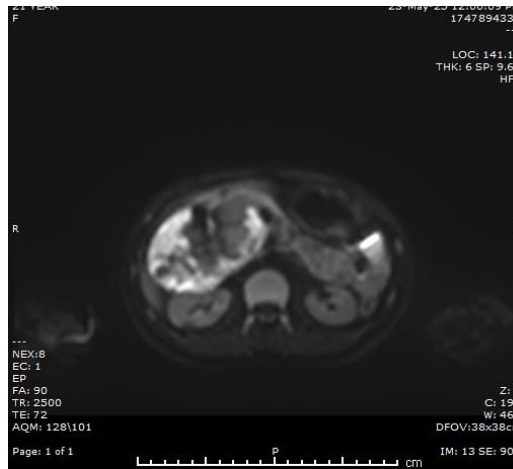
IMPRESSION – above features suggestive of neoplastic etiology of Pancreas

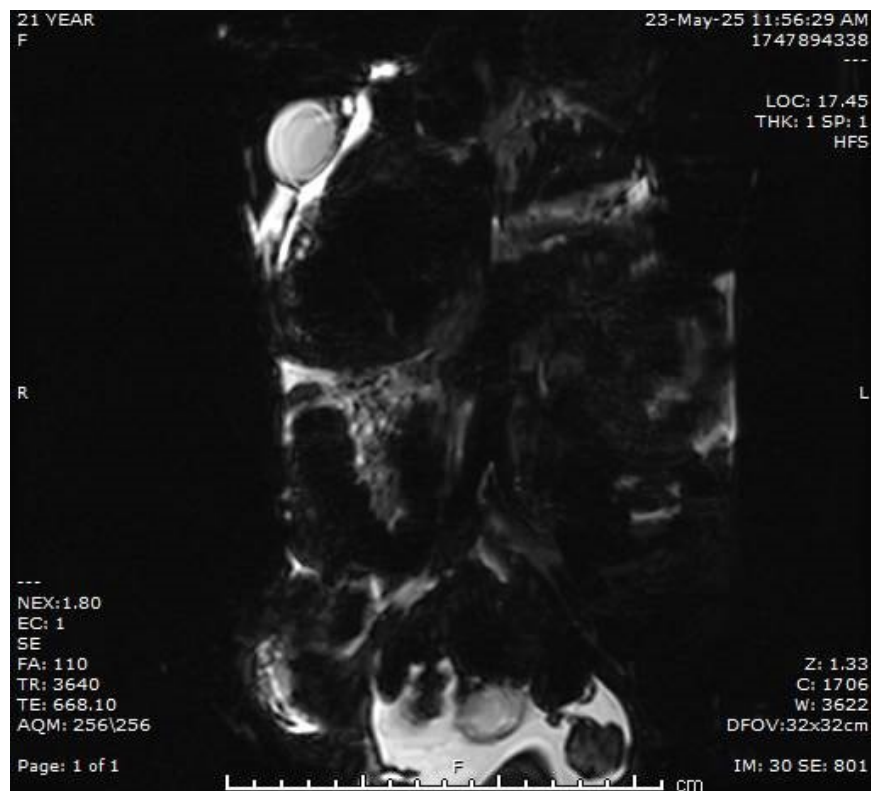


CT FINDINGS

- Well defined solid cystic exophytic lesion of head of pancreas measuring 9x6cm noted with peripheral enhancing solid component and predominantly central cystic component with thin enhancing septae. No calcification. No fat component seen.
- The lesion is displacing gall bladder, CBD ,pylorus, anterolaterally, D1 segment of duodenum laterally, D2 segment posterolaterally. It is causing compression of IVC and compressing and mildly displacing portal vein . No thrombosis.
- It is also mildly displacing SMA to left side . No compresses on thrombosis and anterior displacement of common hepatic artery and hepatic artery proper compressing distal CBD causing mild dilatation of CBD, CHD and IHBR
- Mild ascites

MRI





Differentials

- Solid psuedopapillary epithealial neoplasm of pancreas
- Neuroendocrine tumor pancreas with necrotic changes

USG GUIDED FNAC

- FNAC showed features in favour of solid pseudo papillary neoplasm of pancreas

MENTORS

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Thank you