

ABDOMINAL PAIN MIMICKING PANCREATITIS: AN UNUSUAL PRESENTATION OF PNET



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I. INTRODUCCIÓN

Pancreatic neuroendocrine tumors (pNETs) are rare neoplasms whose incidence has increased in recent decades. The presence of non-functional pNETs significantly reduces patient survival, with genetic alterations being the most prevalent causes. This study contributes to the literature by describing the clinical, pathological, and therapeutic characteristics of this neoplasm, with relevance to surgical management and prognosis, through a case report based on molecular patterns.

II. MATERIALES Y MÉTODOS

A 50-year-old female patient underwent a distal pancreatectomy and splenectomy. The samples obtained were analyzed by macroscopic and immunohistochemical studies. The tissues underwent deparaffinization and treatment with epitope solutions, and the histological sections were incubated with a panel of monoclonal and/or polyclonal antibodies.

A polymer-based detection system was then used. Positive and negative controls were employed to test the reliability of the reactions. The slides were prepared with an automated Bond Max staining system.

III. RESULTADOS

The results of the macroscopic analysis indicated that the sample size was 3.0 cm; no necrosis, angiolymphatic, or perineural neoplastic infiltration; surgical margin free of neoplastic cells; remaining pancreatic tissue with vascular ectasias; peripancreatic lymph nodes without signs of neoplastic involvement (0/4); spleen with mild sinusoidal congestion; splenic hilum lymph nodes without signs of neoplastic involvement (0/3); and pathological staging (pTNM – AJCC – 8th ed.). The immunohistochemical report was positive for chromogranin A (clone AE1/AE3), synaptophysin (clone DAK-SYNAP), cytokeratin (clone CAM5.2), PAX8 (clone MRQ-50),...

IV. CONCLUSIONES

In conclusion, this case represents a significant contribution to the literature, providing a scientific basis for future research and enhancing the understanding of a presentation, prognoses and outcomes associated with pancreatic adenocarcinomas.