

A misdiagnosed abdominal tumor due to rare cause

Baoxing Jia, Yahui Liu

Department of Hepatobiliary and Pancreatic Surgery, the First Hospital of Jilin University, Changchun, China

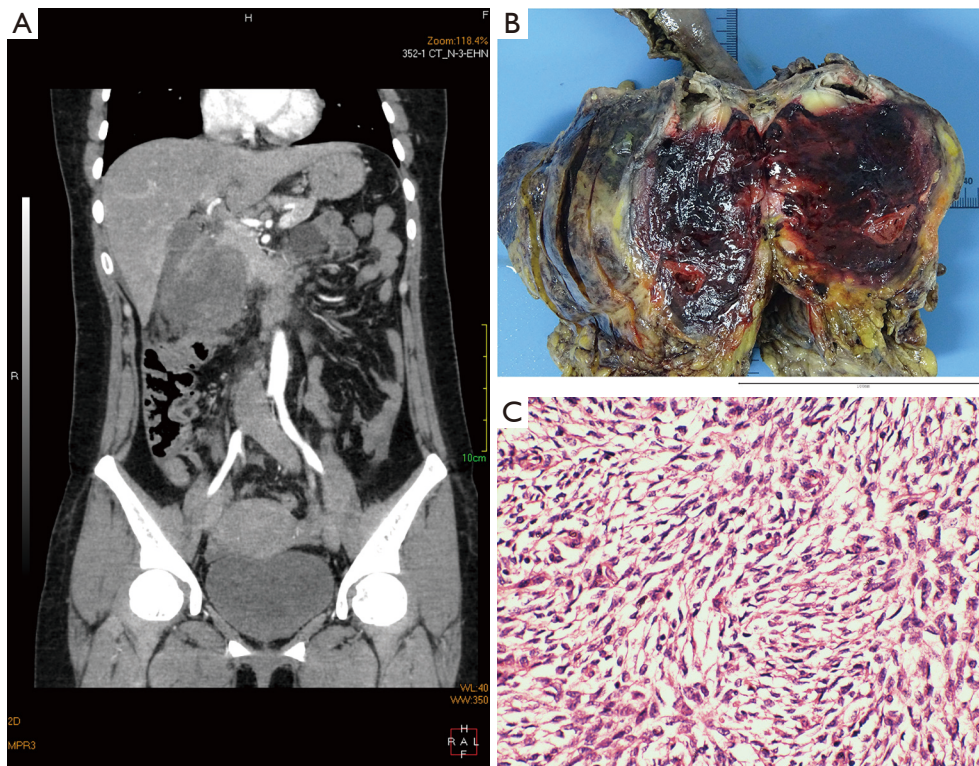
Correspondence to: Yahui Liu, MD. The First Hospital of Jilin University, No. 71 Xinmin street, Changchun, China.

Email: liuyahuisi@163.com.

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Due to 3-day dull pain in the right upper abdomen, a 41-year-old woman was admitted to the hospital. She had normal diet, bowel movement and no nausea or vomiting. Physical examination and laboratory tests were normal. Enhanced CT scan of the abdomen suggested a huge mass (10 cm diameter) at the pancreatic head that infringed the duodenum and hepatic colon flexure; intratumoral bleeding was noted (Panel A). Three year ago, she had undergone a local chest wall resection for dermatofibrosarcoma protuberans (DFSP). We hypothesized that the clinical

diagnosis could be pancreatic or colon cancer.

Ultimately, pancreaticoduodenectomy and right hemicolectomy were performed to resect the tumor completely (Panel B). The pathological examination confirmed the diagnosis as metastasis of DFSP to the pancreas (Panel C, staining method HE, magnification 40×10). The tumor had invaded the duodenum and colon serosa, and was accompanied with extensive intratumoral bleeding. The patient recovered successfully and was discharged on the 13th day.

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Footnote

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