A 37-YEAR-OLD WOMAN PRESENTED WITH A gradually enlarging abdominal mass and weight loss over a period of 6 months. On examination, there was a freely mobile, yielding mass in the right hypochondrium. Ultrasonography of the abdomen revealed a large cyst with internal septations abutting the head of the pancreas. The head, body, and tail of the pancreas appeared normal. The hepatobiliary tree also appeared normal. Serum amylase level and liver function test results were normal.

Laparotomy revealed a 9-cm diameter, freely mobile cystic tumor attached to the pancreatic head by a broad pedicle. No evidence of metastasis to other organs or lymph nodes was identified. Pancreatoduodenectomy was completed with a curative intent (Figure 1). Cut section revealed a multiloculated cystic tumor containing hemorrhagic fluid and necrotic material. There were no papillary projections inside the cyst (Figure 2). The adjacent pancreatic tissue appeared normal.

The patient made an uneventful recovery. One year after surgery, the patient had no detectable recurrence or metastasis.

What Is the Diagnosis?

A. Pancreatic acinar cell cystadenoma
B. Pancreatic mucinous cystadenoma
C. Cystic pancreatic endocrine neoplasm
D. Solid cystic pseudopapillary tumor of the pancreas

Figure 1. Pancreatoduodenectomy specimen showing a large spherical lesion arising from the head of the pancreas. Ruler is in centimeters.

Figure 2. Cut-open specimen showing multiple loculations within the pancreatic cyst. Ruler is in centimeters.