We present a case of pancreatic tumor without a history of trauma or panceratitis.
A 47-year-old Tunisian man with a history of Crohn's disease was admitted to the University Hospital in 2015 because of fluid chronic diarrhea with 4 stools per day daytime only with out ooddebr is associated with vomiting with out abdominal pain or fever with a weight loss not encrypted dating from 6 months.
Laboratory tests were normal.
Nonspecific elevations of serum pancreatic enzymes.
Patient underwent an abdominal ultrasound and computed tomography (CT) that revealed: Aspect of ileitis of the last ileal loop extended by 300 mm with distended ileal loops upstream, cystic image at the tail of the pancreas with clean wall uncalcified and hypodense content of fluid density without endoluminal bourgeon or pancreatic duct dilatation, measuring 28 x 22mm (Figure 1).
The size of the head was normal.
There were no enlarged lymph nodes (Figure 2).
Aspect of bilateral sacroiliitis and bilateral coxarthrosis.
MRI show an aspect of ileitis of the last ileal loop and the cystic nature of a pancreatic lesion, with parietal enhancement at the caudal portion of the pancreas with a slight dilation of the Wirsung.
Otherwise, gallbladder contains multiple gallstones and biliary sludge.
Tumor markers are normal.on the other hand, in colonoscopy terminal ileum appears swollen, inflamed, with frequent ulcerations and biopsies were made.
The biopsies were taken and show a subacute and ulcerative ileitis compatible with Crohn's disease.
Esophagogastroduodenoscopy was normal.
The patient was operated by laparoscopy, he had a caudal pancreatectomy and cholecystectomy .1.5 cm cystic tumor in the tail of pancreas was resected and sent for pathological examination.
The post-operative course was uneventful.
Patient was discharged home within 7 days in a good general condition.
There were no symptoms of glucose intolerance after normal diet administration.
The microscopic examination revealed well differentiated cystic neuro endocrine tumor of the tail of the pancreas grade I according to the classification of WHO 2010 (mitosis <2/10CFG and Ki67<2% ) associated with neuroendocrine hyperplasia lesions of islets of Langerhans, surgical limit was healthy, pTNM pT2, ectopic spleen, chronic cholecystitis.
the patient come for out-patient consultations at the hospital, he felt well, with no severe complaints and with correct periodic findings and normal glucose metabolism.