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### International Conference on

# **Pancreatic Disorders and Treatment**

October 17-19, 2016 Chicago, USA

### Pancreatic peripheral primitive neuroectodermal tumor diagnosed by endoscopic ultrasound

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A young girl presented with abdominal pain and jaundice of 1 month's duration. She had conjugated hyperbilirubinemia and negative hepatitis serology. Computed tomography showed a mass in the head of the pancreas, with foci of calcification and cystic/necrotic areas. Pancreatoblastoma and Frantz Tumor were suspected. The patient underwent a cholecystojejunal anastomosis and intraoperative biopsy of the pancreatic mass yielded inconclusive results. She was referred for endoscopic ultrasound (EUS) to reevaluate the pancreatic mass. EUS showed a solid–cystic lesion in the head of the pancreas. EUS-guided fine-needle aspiration of the pancreatic mass was performed. Cytopathologic evaluation and immunohistochemical analysis confirmed the diagnosis of peripheral primitive neuroectodermal tumor (PNET). PNET belongs to a rare group of tumors called the Ewing sarcoma family of tumors. Pancreatic PNETs are extremely rare and highly aggressive. Metastasis and recurrence are common. With modern multidisciplinary treatment, long-term survival can be achieved in 70% to 80% of patients with disease that has not metastasized. The correlation of clinical symptoms with imaging, cytopathologic, and immunohistochemical analysis is important to establish the diagnosis. An atypical rosette array of the cells, cytoplasmic neuronal secretory granules and neurofilaments, and pyknotic nuclear granules are important diagnostic criteria. Most tumors of the Ewing sarcoma family express high levels of a cell surface glycoprotein, CD99 [13, 14]. According to a 2014 review article, 14 cases of pancreatic PNET have been reported. This is the first case of a pancreatic PNET diagnosed by EUS.

#### **Biography**

Flavio Amaro Oliveira Bitar Silva has graduated from UFMG School of Medicine (Belo Horizonte - MG, Brazil) in 2006. He has finished his specialization in Surgery in 2010 (General Surgery + Trauma and Urgency Surgery). He has completed his specialization in Gastrointestinal Endoscopy in 2013, on Santa Casa de Sao Paulo (Sao Paulo - SP, Brazil), where he spent 2 more years learning Endoscopic Retrograde Colangiopancreatography (ERCP) and Endoscopic Ultrasound. He has few papers published in some of reputed journals in Endoscopy field and he is beginning his professional career.

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