

POSTER ABSTRACTS

Peripancreatic Unicentric Castelman's Disease Diagnosed with Endoscopic Ultrasound Guided Fine Needle Aspiration

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Introduction: Castelman's disease is a rare disease with usually mediastinally located lymphoproliferative disease. Peripancreatic types are even quite rare. Endoscopic ultrasound guided Fine-needle aspiration is a tool for the diagnosis of Castelman's disease.

Case: A 42 year-old female patient had an abdominal ultrasound for the evaluation of left abdominal pain and nausea revealed a 33 mm x 39 mm solid lesion at the tail region of the pancreas. A computerized tomography showed a contrast enhancing mass (37 mm x 47 mm) extending from the inferior of the pancreas to the left para-aortic left renal vein. Radial endosonographic evaluation revealed a perigastric 31 mm x 35 mm hypoechoic, well-demarcated lesion, which was similar to a lymph node. A smaller lymph node was also noted at the proximity of the large lesion. EUS-FNA of the large lesion with a 22 ga needle was performed (3 passes). Adequate samples were obtained for cytology, cell-block and FISH. Cytology revealed relative hyperplasia. FISH showed mixed type lymphoid population without a monoclonality (58% B cells, 42% T cells). Immunohistochemistry was suspicious for a low grade lymphoproliferative disease, but a lymphoid malignancy could not be proved. The patient subsequently underwent laparoscopic lymph node excision, which revealed a hyaline type Castelman's disease.

In conclusion, a unicentric Castelman's disease endosonographically appear as a homogeneous, well-demarcated, hypoechoic lesion. Cytopathologic differentiation from other lymphoma types with EUS-FNA samples is quite difficult.

Keywords: Castelman's Disease, EUS, FNA