

가

: 1

1

.

2 cm

(unilocular)

2 cm

(macrocystic)

2 cm

2 cm

1

가

CT

MR

CA 19 - 9

CEA(carcinoembryonic antigen)

(microcystic adenoma)
(glycogen - rich cystadenoma)

CT

가

22 × 15 × 7 cm
(Fig. 1A).

2 cm

9 cm

가

CT

가

2

cm

(1).

2 cm

(macrocystic)

(unilocu -

*T1 -

, *T2 -

(Fig. 1B, C).

lar)

가

(2 - 6).

가

, *T2 -

2 cm

1

가

CT

MR

가

*T1 -

, *T2 -

Half - Fourier acquisition single - shot turbo spin -
echo (HASTE) *T2 -

(Fig. 1D).

44

가

(Fig. 1E).

가

CA 125,

가

2001 4 21

2001 6 7

1F).

(Fig.

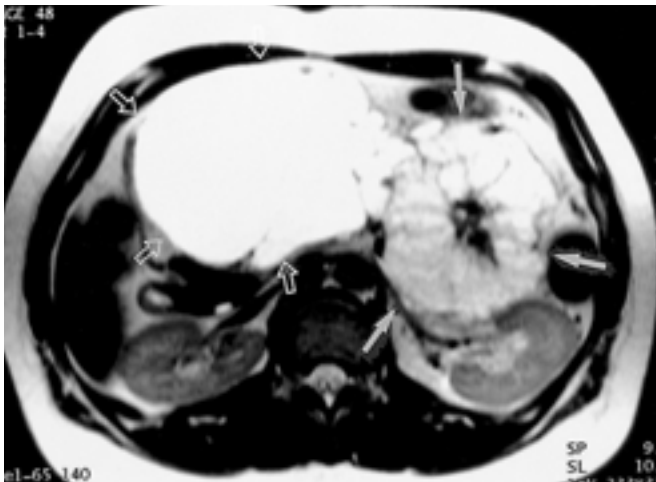
가 : 가
(Fig. 1G). , 40 -
60
(1, 2).
가 2 (8,
9).
가 .
(1). 80% 60
(1, 7).
, 가 von - Hippel
(2).
1982 Wolfman
가
(3).



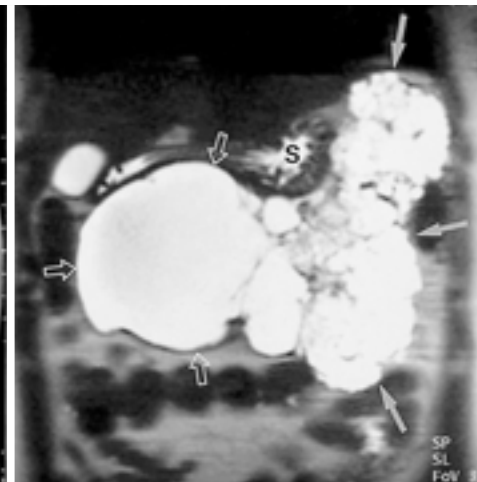
A



B



C

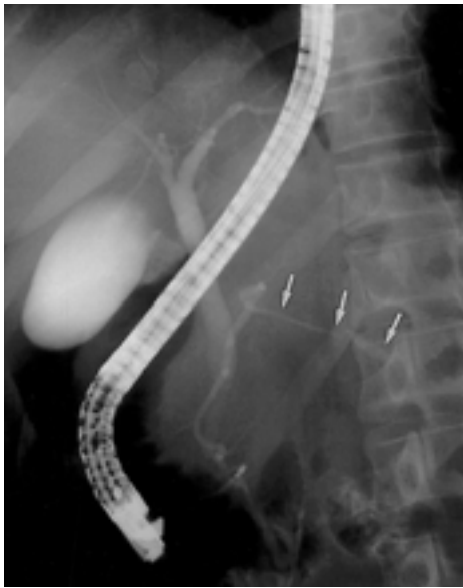


D

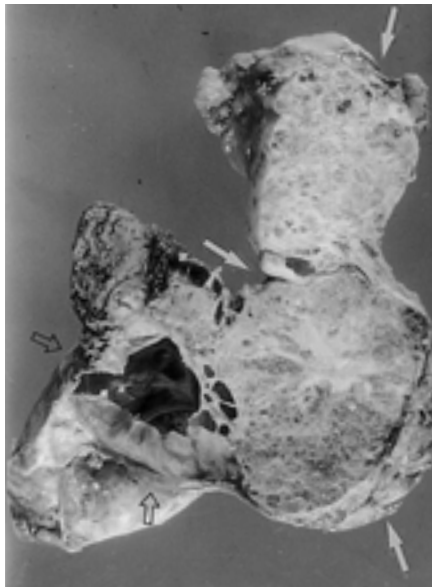
Fig. 1. Mixed micorcystic and macrocystic serous cystadenoma of the pancreas.

A. Contrast-enhanced CT shows a huge lobulated low density mass with two different morphologic features involving the body and tail of pancreas. Pancreas tail lesion (arrows) shows honeycomb appearance with central sun-burst calcifications, representing typical microcystic adenoma. Pancreas body lesion (open arrows) shows oligolocular pattern with large cystic spaces more than 2 cm in diameter and a few peripheral septal calcifications, mimicking the mucinous cystic tumor of the pancreas.

B, C, D. MR images of mixed microcystic (arrows) and macrocystic (open arrows) serous cystadenoma of the pancreas shows a large multilobulated mass, characterized by low singal intensity on T1-weighted (TR: 120 msec, TE: 4.1 msec) axial image (B) and homogenous high signal intensity on T2-weighted (TR: 6500 msec, TE: 120 msec) axial image (C). On T2-weighted image, there is improved demonstration of the multiple septa as well as the central scar. HASTE T2-weighted (TR: 11 msec, TE: 95 msec) coronal MR image (D) shows the whole extent of cystic mass, displacing stomach (S) superomedially.



E

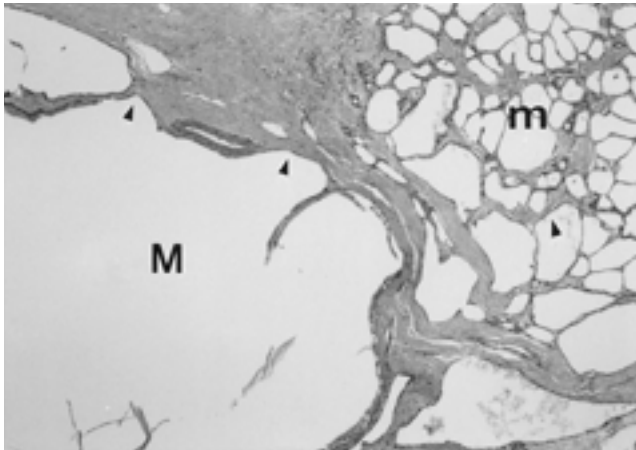


F

Fig. 1. E. Endoscopic retrograde cholangiopancreatography shows downward displacement of main pancreatic duct (arrows). There is no evidence of communication between the main pancreatic duct and cystic mass.

F. Gross specimen of the mass shows about 20 × 15 × 7 cm sized well-circumscribed mass in the body and tail of pancreas. The pancreas tail lesion (arrows) shows spongiform cut surface with central stellate scar. The pancreas body lesion (open arrows) shows macrocystic nature (compare with Fig. 1D).

G. Microscopic examination (H-E stain, ×40) of the surgical specimen shows the fibrous septum separating the macrocystic lesion (M) from the microcystic lesion (m), both of which are lined by a layer of cuboid or flattened epithelium (arrowheads).



G

(macrocystic) (unilocular)

(2 - 7). 2 cm

가

가

가

(2, 4, 7).

T2 -

1 mm - 2 cm

2 cm

가 (5, 6).

combining)

가

(spongy)

(honey -

Procacci

30

1) 2 cm

nar cell)

(flattened)

(glycogen)

(cuboid)

2 cm

, 2) 2 cm

, 3) 2 cm

(3).

30

19 가

, 6

2 cm

가

,

5 가

2 cm

(2, 7).

Procacci

(stratified)

(papillary projection)

, 가,

CEA(carcinoembryonic antigen)

가

,

가

가

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Mixed Microcystic and Macrocystic Serous Cystadenoma of the Pancreas: A Case Report¹

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Serous cystadenomas of the pancreas are generally considered to be microcystic adenomas. Typical serous cystadenomas of the pancreas are encapsulated tumors composed of tiny cysts less than 2 cm in size showing sponge-like appearance with a central stellate scar or calcification on the cross-section. It has been recently reported, however, that serous cystadenomas may have macrocystic variants (major cysts more than 2 cm in size) that are radiologically indistinguishable from mucinous cystadenomas of the pancreas. We report the CT and MR imaging findings in a patient with mixed microcystic and macrocystic serous cystadenoma of the pancreas, indicating the histopathologic correlation. The mass was composed of two different types of cyst: multiple, small (< 2 cm) with central calcification; and large (> 2 cm) with peripheral calcification.

Index words : Pancreas, CT
Pancreas, cysts
Pancreas, MR

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