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## Image of the Month

Miguel Echenique-Elizondo, MD

**W**IDESPREAD USE of abdominal imaging techniques has resulted in increasing diagnoses of pancreatic cyst and masses, which are asymptomatic otherwise. This has produced a growing interest in more acute and refined preoperative diagnostic interventions to guide surgical approach and technique.

A 57-year-old woman had symptoms of epigastric fullness and a palpable mass. A computed tomographic (CT) scan showed a well-defined pancreatic tumor localized in the body (**Figure 1**). The patient was sched-

uled for surgery. At celiotomy, a large capsulated pancreatic tumor was identified, and a distal near-total pancreatectomy with splenectomy was performed (**Figure 2**). The patient recovered uneventfully and is free of disease 8 years later. Results of a glucose tolerance test are within normal limits despite extended pancreatic resection.

### What Is the Diagnosis?

- A. Hydatid disease of the pancreas
- B. Giant serous microcystic adenoma of the pancreas
- C. Mucinous cystic neoplasm of the pancreas
- D. Papillary cystic neoplasm of the pancreas

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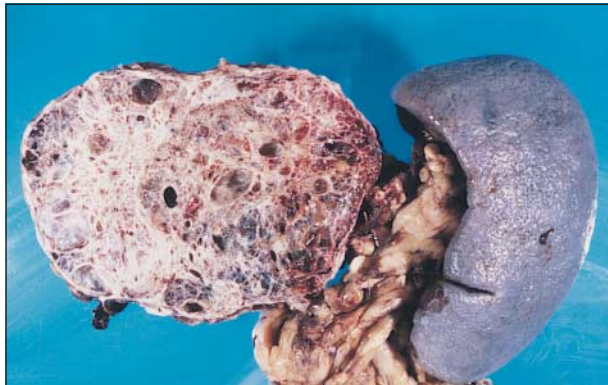


Figure 1.



Figure 2.