A 22-YEAR-OLD WOMAN WHO WAS PREVIOUSLY healthy came to us with a self-palpable left upper quadrant abdominal mass that she had for 6 months. She was otherwise totally asymptomatic. Physical examination revealed a 6-cm nontender mass in the left hypochondrium. Blood test results including complete blood cell counts, renal and liver functions, amylase level, carcinoembryonic antigen level, and α-fetoprotein level were all normal. Plain abdominal radiography revealed a calcified mass lesion. Contrast computed tomography of the abdomen was subsequently performed, and it showed a pancreatic tail lesion (Figure 1). Incidentally, another 5-cm lesion was noted at the right lobe of the liver. A whole-body positron emission tomographic scan was performed, and it showed hypermetabolic, heterogeneously enhancing masses at both the pancreatic tail and the right lobe of the liver. No other hypermetabolic lesion was noted in the rest of the body. Our provisional diagnosis at that juncture was a malignant pancreatic neoplasm with liver metastasis. Distal pancreatectomy and right hepatectomy were performed with curative intent. At laparotomy, a 12-cm cystic tumor was noted at the tail of the pancreas near the splenic hilum (Figure 2) and a 6-cm solitary metastatic tumor at segment 7/8 of the liver was found.

What Is the Diagnosis?

A. Ductal adenocarcinoma of pancreas with liver metastasis
B. Mucinous cystadenocarcinoma of pancreas with liver metastasis
C. Solid pseudopapillary carcinoma of pancreas with liver metastasis
D. Hydatid disease of liver and pancreas

Author Affiliations: Division of Hepato-Biliary and Pancreatic Surgery, Department of Surgery, Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, Hong Kong.

Figure 1. A computed tomographic scan of the abdomen showed a calcified lesion situated between the splenic hilum, the posterior aspect of the stomach, and the pancreatic tail.

Figure 2. An intraoperative photograph shows a cystic tumor at the tail of the pancreas near the splenic hilum.