

Figure 1 Computed tomograms from patient 1 (a) and patient 2 (b), showing the pancreatic cysts.

Cystic lymphangioma of the pancreas is a rare, benign neoplasm classically diagnosed at surgery. We report here on two patients diagnosed using endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA).

A 70-year-old man and a 63-year-old woman both underwent computed tomography (CT) scans for evaluation of nonspecific abdominal complaints. The physical examination and laboratory evaluation were unremarkable in both. The CT scans revealed a 4.6-cm cystic lesion in the head of the pancreas in the first patient and a 3.0-cm mass near the uncinate process in the second (Figure 1).

EUS was carried out in both patients. The first patient had a septated cystic lesion 4.6 × 2.7 cm in size in the pancreatic head (Figure 2a). The second patient had a septated cystic mass measuring 3.7 × 2.6 cm near the uncinate process (Figure 2b). The rest of the examination was normal in both patients (Figure 3). At FNA, a thin, milky fluid was aspirated in both cases (Figure 4). Laboratory analysis revealed a

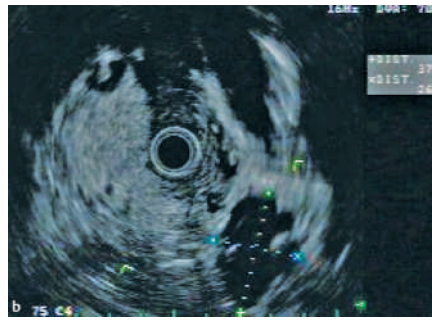
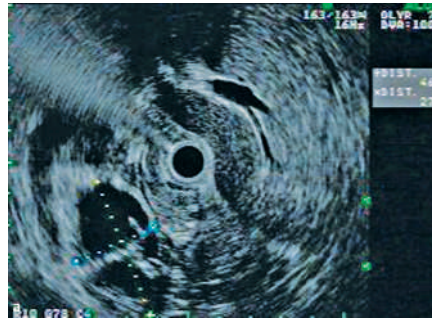


Figure 2 Radial endoscopic ultrasound images from patient 1 (a) and patient 2 (b), showing measurements of the septated cyst (cross-hairs).

triglyceride level of > 5000 mg/dl in both cases. No disease progression or complications such as cyst infections were evident after a follow-up period of 5 months. In both cases, the chylous aspirate with a markedly elevated triglyceride level was diagnostic.

Lymphangiomas are rare benign neoplasms that can arise in most organs. The largest reported series, including 10 surgical cases, suggested that they represent 0.2% of pancreatic neoplasms. Many patients have been asymptomatic, with the lesion being discovered incidentally on imaging studies [1].

Most previously reported cases have been diagnosed at surgery, since imaging examinations have not been sufficient to exclude malignancy. With EUS-FNA, many cystic neoplasms can now be reliably diagnosed without surgery [2–5]. Since lymphangiomas are generally believed to be benign, nonsurgical management may be reasonable if a definitive diagnosis is

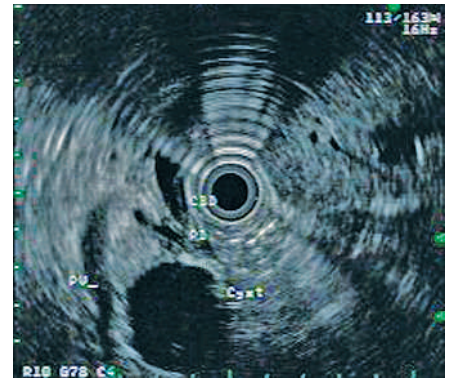


Figure 3 Radial endoscopic ultrasound image from patient 1, showing the cyst in relation to the common bile duct (CBD), pancreatic duct (PD) and portal vein (PV).

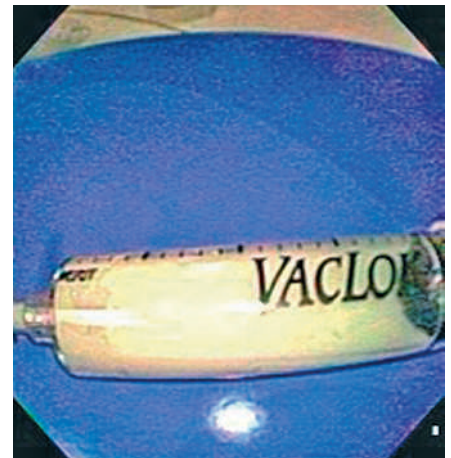


Figure 4 A syringe filled with the chylous cyst aspirate.

made [1]. In the absence of significant symptoms attributable to the cystic lymphangioma, surgical resection may be unnecessary.

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