

A Rare Case of Biliary Pancreatitis Caused by Ampullary Somatostatinoma in a 46-year-old Female

Michal Kloska MD, PhD

Reema M. Vaze MD

Ricky Buckshaw DO

Hiral N. Shah MD

Follow this and additional works at: <https://scholarlyworks.lvhn.org/medicine>



Part of the [Gastroenterology Commons](#), and the [Internal Medicine Commons](#)

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

A Rare Case of Biliary Pancreatitis Caused by Ampullary Somatostatinoma in a 46-year-old Female

Michal Kloska, MD, PhD, Reema Vaze, MD, Ricky Buckshaw, DO, Hiral N Shah, MD
Lehigh Valley Health Network, Allentown, Pa.

Introduction

Somatostatinoma is a rare neuroendocrine tumor predominantly found in the pancreas and the duodenum (3% within the ampulla of Vater). Ampullary involvement typically presents with abdominal pain, GI bleed, obstructive jaundice or when metabolically active with somatostatin syndrome (DM, diarrhea, cholelithiasis). Somatostatinoma is generally a large malignant tumor often with metastatic disease on presentation.

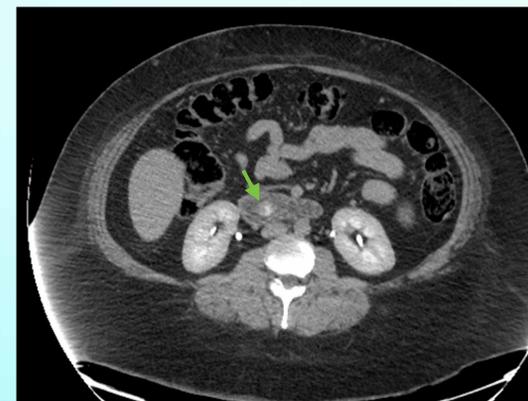
Case Presentation

46-year-old female with a medical history of cholecystectomy, fatty liver and diabetes mellitus presents with a two-day history of scleral icterus, clay-colored stools and dark urine. On initial evaluation, she was afebrile and normotensive. Lab data was consistent with acute pancreatitis (lipase 2498 U/L) as well as features of biliary obstruction (ALP 1210 U/L; bilirubin 6.3mg/dl; AST 157 U/L; ALT 153 U/L). CT scan of the abdomen showed a 1.5 cm bulbous irregular ampullary lesion and moderate intra-and extrahepatic as well as pancreatic duct dilation. Further evaluation with EUS revealed a 12mm x 12.7mm hypoechoic ampullary mass of which FNA was obtained. Cholangiogram confirmed dilated bile ducts with a subtle stricture in the distal most portion of the CBD. Brushings were performed and 10mm x 60mm

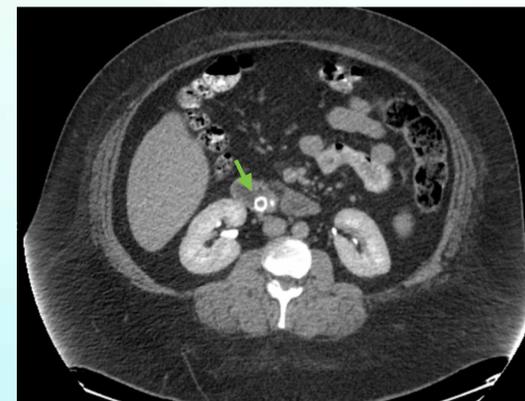
fully covered biliary metal stent was deployed with resolution of patient's symptoms and improvement of liver enzymes. Although biliary cytology results were negative for malignancy, EUS FNA was positive for neoplastic cells immunoreactive with synaptophysin and somatostatin. Unfortunately, the patient did not follow up until she developed abdominal pain 2 years later. Repeated CT of the abdomen showed 0.9 x 0.6cm calcified mass in periampullary region decreased in size from previous CT. ERCP revealed epithelization and tissue regrowth in the stent. Two 7Fr, 7cm Boston Scientific double-pigtail stents were placed through the previous metal stent with successful decompression. The patient did finally have curative pancreaticoduodenectomy.

Discussion

Somatostatinomas, especially in the ampullary region, may present as painless jaundice leading to acute biliary pancreatitis. Interestingly, even after patient was lost to follow up for 2 years, she did not develop metastatic disease which is usually found with first presentation of the disease. Nevertheless, due to high metastatic potential every case when possible should be treated radically and pancreaticoduodenectomy is the treatment of choice.



CT scan with initial presentation of somatostatinoma in 2017



CT scan with calcified somatostatinoma after 2 years in 2019

Ampullary lesion on initial EUS in 2017

