Challenging cases of pancreatobiliary tract and ampulla that are highly prone to misdiagnosis

Volkan Adsay, MD

Case for discussion
• 67 y/o male
• Back pain and weight loss
• CT: 4.5 cm ill-defined, solid lesion in the head
• FNA/Core bx: Inconclusive
• Pancreatoduodenectomy was performed

Case for discussion
• 56 y/o male
• Symptoms: Abdominal pain, jaundice and weight loss
• Imaging/Gross: Ill-defined mass involving the pancreatic head.
• Pancreatoduodenectomy was performed with the clinical diagnosis of “pancreas cancer”
Case for discussion

- 42, M
- H/o of alcohol abuse
- Ill-defined mass in the pancreatic head and duodenal wall
- Clinical impression: Carcinoma
Case for discussion

• 53 y/o male
• 4-cm solid mass in the tail of the pancreas
• Underwent distal pancreatectomy with splenectomy
Case for discussion

- 56, M
- H/O necrotic lesion in the toe associated with osteomyelitis and multiple other skin lesions
- Was found to have a **12cm** solid mass in the pancreas.

Case for discussion

- 48, F
- H/O pancreatitis?
- 6 cm cystic mass in the tail
- Intraoperative: Pseudocyst?
- FS: Pseudocyst?
- Nevertheless, distal pancreatectomy with splenectomy was performed
Case for discussion

- 68 y/o male
- **EGD:** Mucin extrusion from ampulla of Vater
- **CT:** 9 cm mass; cystically dilated pancreatic duct, with nodular irregularities
- No evidence of metastasis
Case for discussion

- 76, F
- Underwent cholecystectomy with the diagnosis of chronic cholecystitis
Case for discussion

- 62, F
- Underwent cholecystectomy with the diagnosis of chronic cholecystitis and cholelithiasis

Case for discussion

- 54, F
- Abdominal pain and a 4cm polyp in the gallbladder
Case for discussion

- 22, M
- Presented with abdominal hemorrhage
- Endoscopy showed a mass in the ampullary region
- Pancreatoduodenectomy was performed