

Pancreatic Acinar Cell Carcinoma Case Series

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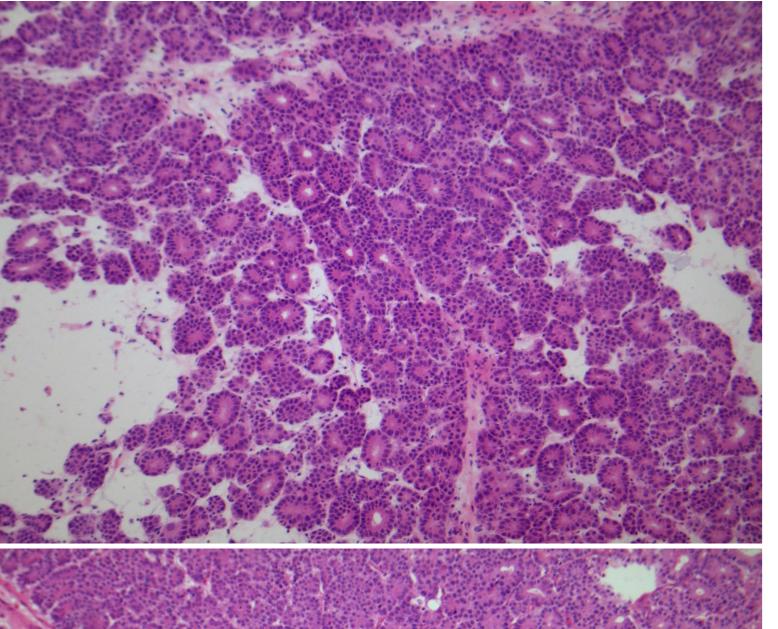
INTRODUCTION

Pancreatic acinar cell carcinoma (ACC) is rare. It accounts for 1% of all pancreatic neoplasms. It originates from acinar elements of the exocrine pancreas. Suspected diagnosis of pancreatic ACC relies on the judicious use of clinical history and radiological images. Diagnosis is only confirmed on post-operative histopathology.

METHOD

This retrospective study included screening through all the patients with pancreatic carcinoma at University of Plymouth NHS Trust. Data of patients with pancreatic ACC were extracted independently by both authors. Electronic searches were done via local integrated clinical management software (ICM). Comprehensive searches of the biochemical and histological databases were also conducted with the laboratory and histopathology team. All adults (> 18 years old) with pancreatic ACC, diagnosed using by liver histology, imaging or non-invasive methods were included. We excluded patients under 18 years of age and with pancreatic carcinoma of unknown aetiology.

HISTOLOGY



Representative light microscopy slides for pancreatic acinar cell carcinoma in H&E stain.

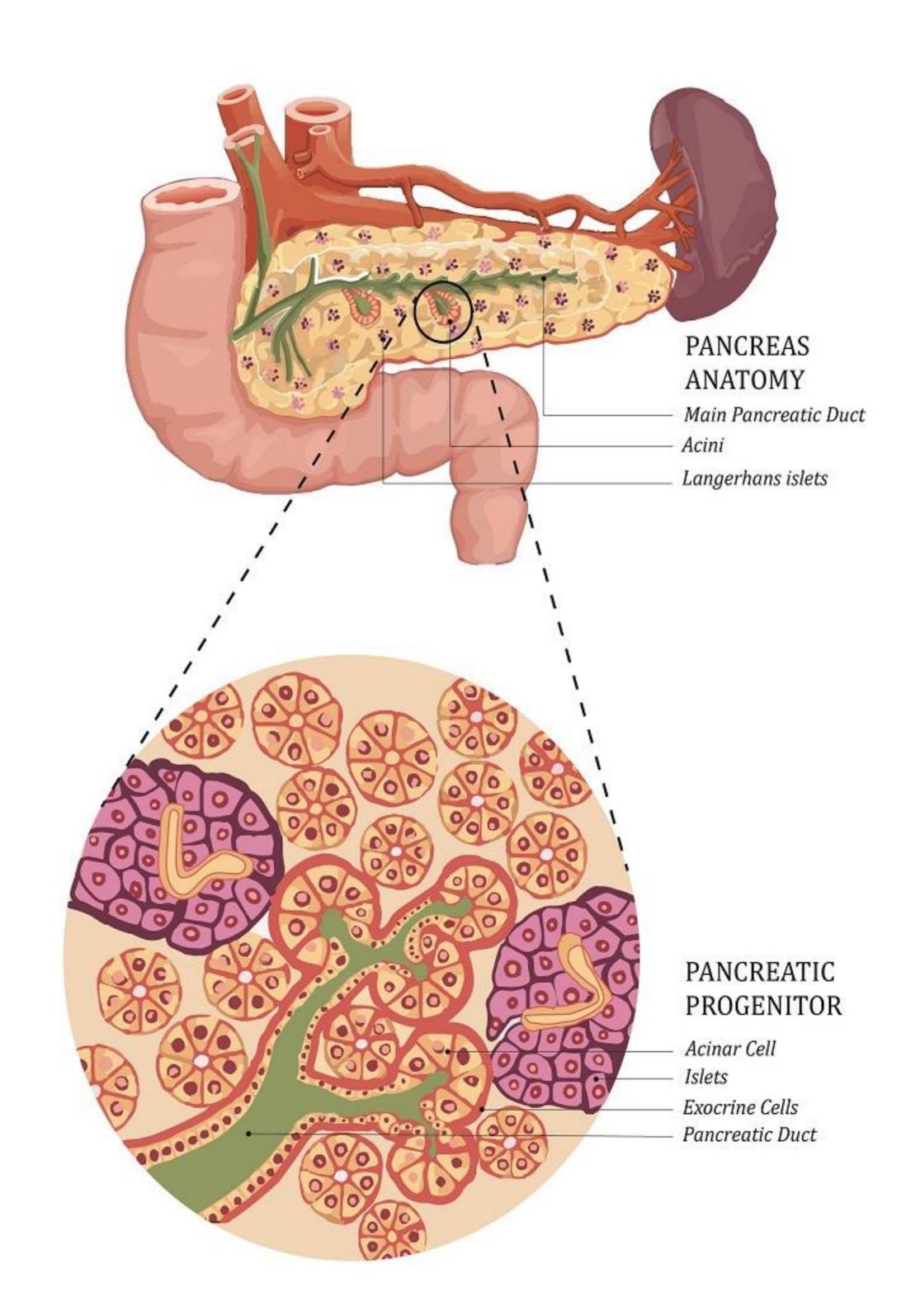
Highly cellular tumour with scant fibrous stroma.

Cells show moderate to large amounts of granular eosinophilic cytoplasm containing PAS positive diastase resistant zymogen granules.

Nuclei are uniform with a typically present, single and prominent nucleolus.

ANATOMY

PANCREATIC ACINAR CELL CARCINOMA



PATIENT CHARACTERISTICS									
	Age	Gender	Index Symptom	Bili	ALT	ALP	CA199	Lipase	Treatment
Patient A	77	M	Painless jaundice	41	23	471	73	N/A	Palliative gastric bypass surgery with adjuvant chemotherapy
Patient B	54	M	Abdominal pain	11	101	34	<2	20	Curative intent laparoscopic distal pancreatectomy, splenectomy and cholecystectomy with adjuvant chemotherapy
Patient C	73	M	Abdominal pain	9	71	178	3	809	Palliative distal pancreatectomy and splenectomy with adjuvant chemotherapy

CONCLUSION

Data regarding ACC are limited to case series due to its rarity. Radical resection remains the best treatment modality but pancreatic ACC patients often present with advanced diseases rendering them ineligible for surgery. Attached a 3-dimensional figure drawn by the author to illustrate the anatomy and cells of origin for pancreatic ACC.

CONTACT DETAILS

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