Coexistence of ampulla Vater tumor and Castleman's disease: a rare case report

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To the Editor,

Castleman's disease (CD), which is localized in the pancreatic region, is a rare clinical condition, and it is usually quite difficult to diagnose it and to distinguish it from pancreatic malignancies and pancreatic adenocarcinoma metastases.

Here, a 58-year-old patient with dyspeptic complaints was presented, and a periampullary localized 3x3.5 cm diameter tumor and periportal, celiac, portacaval localized multiple lymphadenomegaly were detected by EUS and computerized tomography (Figure 1). Benign cytology was detected by EUS-guided biopsy. The patient underwent pancreaticoduodenectomy (Whipple procedure) (Figure 2). Histopathological examination showed poorly differentiated adenocarcinoma in the ampulla vater, and 19 lymph nodes with diameters ranging from 2.5 to 7.5 cm were mixed type CD and that none of them had metastasis. The patient has been followed without any problem for 11 months.

CD is a disease characterized by angiofollicular lymph node hyperplasia. The etiology and physiopathology of CD are not known exactly. Gaba et al. reported their multicentric (generalized) and unicentric (localized) differences and that multicentric variation had worse results (1,2). The diagnosis of CD is considered to be difficult due to clinical similarities with lymphoid pathologies and other non-lymphoproliferative pathologies. The definitive diagnosis of CD, especially in the peripancreatic region, can only be made histopathologically. In the literature, there are data of nine patients who underwent Whipple procedure with a prediagnosis of pancreatic tumor but were diagnosed only with CD. Wang et al. retrospectively examined eight cases with CD localized to the pancreatic region, and in the preoperative imaging of these patients, it was found out that surgery was preferred because the masses were generally well-circumscribed, encapsulated mass or smooth and caused suspicion in terms of pancreatic carcinoma (2). In the literature, the unicentric forms of CD were reported in patients undergoing a pancreaticoduodenectomy (3-6).

The treatment and prognosis of CD are thought to depend on the form of the disease. Although it is anticipated that the long-term prognosis is good for the unicentric form and that the risk of conversion to malignancy is low, surgical resection is considered to be the best treatment (1,2). In the multicentric form, it is reported that the survival rate is low and there is a poor

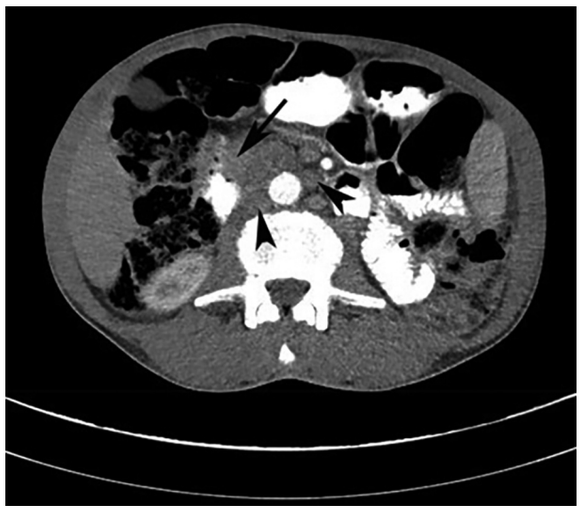

Figure 1. — Computerized tomography image of the mass (arrow) and lymphadenomegalies (arrow heads).

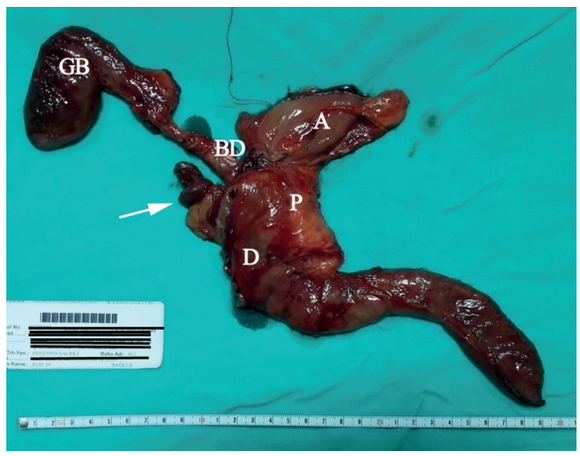

Figure 2. — Pancreaticoduodenectomy specimen ; Enlarged lymph nodes (arrow). P : pancreas, D : duodenum, A : antrum, GB : gallbladder, BD : main bile duct.

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prognosis, and chemotherapy and radiotherapy and/or steroid therapy are used as the treatment (2,3).

In conclusion, we did not find any publication including the coexistence of CD and ampulla vater tumor. In the imaging of patients with pancreatic tumors, inoperability can be foreseen, and it should also be remembered that there could be CD in the presence of enlarged giant lymph nodes. It should not be forgotten that the disease form is important in treatment and survival in the treatment of CD.

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