Frantz tumor: A rare malignant pseudopapillary tumor of the pancreas

Pauline Aeschbacher, Floryn Cherbanyk, Bernhard Egger
Department of Surgery HFR Fribourg - Cantonal Hospital, CH-1708 Fribourg

BACKGROUND

Frantz tumor, a solid pseudopapillary tumor, is a rare slow-growing low-grade malignant tumor of the pancreas, which represents 1-2% of all exocrine pancreatic tumors. It is normally seen in young females. Usually, patients with a Frantz tumor present unspecific abdominal discomfort/pain or a palpable abdominal mass. Sometimes the mass is detected fortuitously in asymptomatic patients undergoing radiological imaging due to other reasons. On CT or MRI-scans the tumor is commonly described as a well delimited mass sometimes with cystic, hemorrhagic or even necrotic parts. The treatment of choice is a complete surgical excision.

CASE REPORT

We report the case of a 19 year old female patient who presented a pancreatic mass found by abdominal CT scan performed for unclear left upper abdominal pain. Additional MRI-scan demonstrated a partially cystic lesion of 30 mm x 25 mm in contact with the pancreatic tail, the left kidney and the spleen. Endocrine assessment did not show any abnormal secretion. Endosonography with transgastric biopsy confirmed the suspicion of a pancreatic pseudopapillary tumor and demonstrated a potential invasion of the splenic vein. After pre-splenectomy vaccination the woman underwent an unproblematic distal spleno-pancreatectomy.

RESULTS

Pathology results confirmed a complete resection of the solid pseudopapillary tumor with a pT1 pN0 R0 staging with no signs of infiltration of the splenic vein. The patient was discharged home 9 days after surgery with a complete uneventful recovery and especially no signs of a newly developed diabetic disorder.

DISCUSSION

Frantz tumor is a rare pancreatic tumor mostly diagnosed in young females and commonly located in the body or tail of the pancreas. These tumors are often characterized by non-specific symptoms and have a low malignant potential. Common symptoms are abdominal discomfort/pain or a palpable abdominal mass in the upper abdomen. Due to the potential malignant evolution, complete surgical resection remains the treatment of choice with usually good outcomes.

REFERENCES