

## A case of the metastatic malignant melanomamimicking metastaticpancreatic cancer

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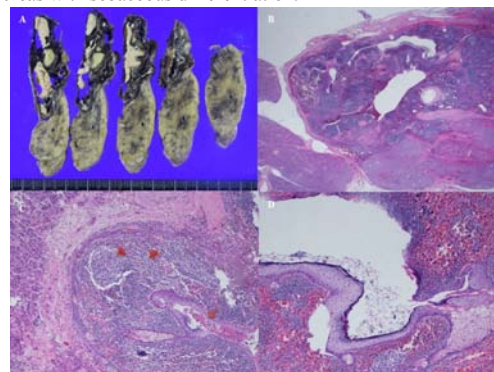
**Introduction:** Malignant melanoma is a type of cancer that develops from the pigment-containing cells known as melanocytes. It typically occurs in the skin but may rarely occur in the mouth, intestines, or eye. Around one-third of patients with malignant melanoma develop metastases to any site. However, pancreatic metastasis is a rare event that represents about 1% of metastatic melanomas. Moreover, pancreatic metastatic tumors are uncommon and account for less than 2% of all pancreatic carcinomas. It is difficult to distinguish between primary pancreatic cancer and pancreas metastatic melanoma. **Case Description:** A 59-year-old woman was admitted to our hospital due to jaundice and epigastric pain. She was diagnosed with a maxillary melanoma three years ago and underwent the resection of cancer and partial maxillectomy. Up to six months ago, there was no evidence of metastasis of melanoma in abdomen. The patient underwent laboratory test at admission, and total bilirubin was 8.5 mg/dL, AST/ALT 316/421 IU/L, alkaline phosphatase 1,388 IU/L. The carbohydrate antigen 19-9 level was elevated to 237.3 U/mL as well. On the CT scan, pancreatic head mass and multiple liver metastases were found and double duct sign due to pancreatic head mass was showed. Endoscopic ultrasound (EUS) reported that pancreatic mass led to obstruction of common bile duct and upstream dilation of main pancreatic duct. Positron emission tomography showed high uptake in the region of the pancreatic head and liver, however, no evidence of recurrent melanoma at primary site. Although we presumed to the pancreatic cancer with liver metastases on the CT and EUS, liver biopsy was undergone at hepatic nodule to make a treatment plan. However, histologic diagnosis was revealed the metastasis from a malignant melanoma. Therefore, we report here the case of a patient who developed metastases from malignant melanoma mimicking primary pancreatic cancer. Moreover, our case is a metastatic malignant melanoma of pancreas and liver, which was discovered 3 years after the resection of primary maxillary melanoma. **Keywords:** Melanoma; Metastatic melanoma; Pancreatic cancer

## Lymphoepithelial cysts of the pancreas with sebaceous differentiation

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Lymphoepithelial cysts (LECs) of the pancreas are very rare true cystic tumors whereas LEC have been shown in the parotid gland and in the thyroid. LEC are cysts lined by stratified squamous epithelium with dense lymphoid tissue in the walls. Furthermore, the sebaceous gland differentiation of pancreas LEC is also very rare finding, whereas has been reported in a parotid LEC. A asymptomatic 65-year-old man visited for a 35 mm mass in the pancreas neck portion which identified by CT scan 3 years ago. The physical examination did not show abnormal finding and laboratory studies show elevated serum CA19-9. Over a 3-year period, on follow up CT scan, multilobulated mass grew to 44 mm without dilatation of the main pancreatic duct. And MRI with communication with main pancreatic duct suggested a branch duct type intraductal papillary mucinous neoplasm (IPMN) with suspicion of malignancy. Consequently, after distal pancreatectomy, histologic findings revealed to LEC with sebaceous differentiation. The possibility of a dermoid cyst was considered due to the sebaceous glands in our patients. But on dermoid cyst, dense lymphoid tissue could not be founded. LEC is benign lesion which can be cured by resection. LEC should be considered a rare but distinct entity in the differential diagnosis of cystic tumor of the pancreas. We report an unusual case of LEC of the pancreas with sebaceous differentiation.



(A) Gross finding shows multilobulated cyst with cystic wall. (B) Microscopic finding shows multilobulated cyst with surrounding abundant lymphoid tissue. (H&E stain, x 12.5) (C) The cyst is surrounded with abundant lymphoid tissue (thick arrow) and lined by squamous epithelium with sebaceous gland differentiation (arrow). (H&E stain, x 100) (D) Unremarkable squamous epithelium with sebaceous gland. (H&E stain, x 200)