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Short Report

A CASE REPORT OF ISLET CELL CARCINOID AND MALIGNANT RETROPERITIONEAL FIBROUS HISTIOCYTOMA

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A 56 years old female patient, presented with a mass in left upper quadrant of the abdomen for four months and was hospitalized in August 29, 1995 because of acute abdominal emergency with nausea and vomiting. The patient appeared acutely ill but was full consciousness. The physical examination was negative except for a mass measuring with tenderness and resistance was palpated in the left upper quadrant of the abdomen. No evidence of intestinal obstruction was fund by X-ray examination, but a 8 cm×7cm systic tumor in the tail of the pancreas and a 10cm in diameter solid tumor in retroperitoneum were observed by B-ultrasonic scanning and CT. The pancreas tumor was observed in abundant blood supply by the hemotachometer examination and some coffee-ground effusion was drawn by the paracentesis of the pancreas tumor. The preoperative diagnosis was: 1. Cystodenocarcinoma; 2. Retroperitoneal malignant tumor.

On September 5, 1995, after a period of symptomatic management and adequate nutritional treatment, an exploratory laparotomy was performed. A cystic tumor was demonstrated in the tail of the pancreas and invasived the spleen and the great curvature of the stomach. Another solid tumor was in retroperitoneum measuring 10cm× 9cm. There was no evidence of metastasis lesion in the liver and lymph nodes. A radical resection of the pancreaticospleen, partial stomach and the retroperitoneal tumor was performed. The pathological diagnosis of post operation was: 1. The islet cell endocrine carcinoid of the tail of pancreas; 2. malignant retroperitoneal fibrous histiocytoma. A post-operative chemotherapy was performed for period of 6 months and following-up observation found no recurrence over 2 years.

Discussion: Carcinoid or to be called argentaffinoma, most of them take place in alimentary canal, and belongs to APUD cell tumor. It has the function of secreting 5-hydroxytoyptamine (5-HT), 5-hydroxytrytophan (5-HTP), and bradykinin etc.. Carcinoid syndrome may present in partial of these patients. Carcinoid is one kind of the more gradual and low malignant tumor. The islet cell carcinoid is originated from EC cells of the pancreas. It is a very infrequent disease and was rarely reported in China. The carcinoid syndrome presents in most of the patients with the carcinoid tumor beyond 3.5 cm in diameter. The diagnosis of this patient with a 6cm×7cm carcinoid tumor in the tail of the pancreas was not confirmed, because of it had not clinical characteristic of carcinoid syndrome and the doctor was not all attention to this disease. Carcinoid of islet cell of pancreas and malignant retroperitoneal fibrous histiocytoma are rare in the clinic and both of these two malignant tumors originated synchronously in one patient has not been reported in recent references.