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Oncocytic intraductal papillary mucinous neoplasm with carcinomatous degeneration

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A 68-year-old man presented with painless jaundice without weight loss. Laboratory results revealed a total bilirubin of 9.1 mg/dL (0.4–1.4 mg/dL), lipase of 672 U/L (0–61 U/L), and CA 19-9 of 2 U/mL (–36). The aspartate aminotransferase and alanine aminotransferase levels were 142 U/L (15–40 U/L) and 320 U/L (5–58 U/L), respectively, and the alkaline phosphatase was 324 U/L (39–70 U/L). A CT scan demonstrated biliary dilation and a multicystic lesion in the pancreatic head. ERCP revealed a distal biliary stricture across which a stent was placed. Cytologic brushings demonstrated dysplastic features.

EUS revealed that the pancreatic duct was dilated to 1 cm in the neck of the pancreas. In the head, there was a large 5-cm cystic lesion that contained a 2-cm hyperechoic mural nodule and a solid 2-cm hypoechoic component, which the biliary stent traversed (**A**). Smaller nodules emanated from the wall of the cyst in a popcorn-like fashion. Transduodenal FNA of the solid component was performed, and cytology revealed adenocarcinoma (**B**). The patient subsequently underwent pancreaticoduodenectomy. The surgical specimen revealed solid components and multiple cysts containing tan papillary material (**C**). Histology revealed exuberant intraductal papillae consistent with intraductal papillary mucinous neoplasm (IPMN) (**D**) and regions of high cellularity consistent with adenocarcinoma (**E**). Cells contained extensive granular eosinophilic cytoplasm (**B, F**), consistent with the unusual oncocytic type IPMN.