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Summary

# A CASE OF INTRADUCTAL ONCOCYTIC PAPILLARY NEOPLASM PRESENTING DIAGNOSTIC DIFFICULTY

Kazuro Chiba

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**A 74-year-old woman with multiple pancreatic cysts and a main pancreatic duct mass was diagnosed with intraductal oncocytic papillary neoplasm (IOPN) confirmed by ATP1B1-PRKACA fusion gene after distal pancreatectomy.**

## KEY POINTS

- Preoperative imaging showed multiple pancreatic cysts up to 15 mm, main pancreatic duct enlargement to 8 mm, and a 10 mm mass in the pancreatic body that was difficult to characterize on CT due to similar contrast enhancement as surrounding parenchyma
- Endoscopic ultrasound-guided fine needle aspiration diagnosed adenocarcinoma and distal pancreatectomy was performed with initial assumption of IPMN-derived lesion
- Pathological analysis revealed IOPN with papillary cells showing eosinophilic cytoplasm, positive immunostaining for MUC5AC and MUC6, and partially positive staining for MUC1 and HepPar-1
- Fusion gene analysis detected ATP1B1-PRKACA, confirming IOPN diagnosis, and the mass was determined to be within pancreatic parenchyma on specimen review
- The authors note that IOPN is relatively rare and should be considered in the differential diagnosis when pancreatic cysts are observed

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