Rare Case of Recurrent Pancreatitis

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Introduction:

Natural killer/T cell lymphoma (NKTCL) is an aggressive form of non-Hodgkin's lymphoma often occurring secondary to Epstein Barr virus (EBV) infection. The incidence of intestinal NKTCL is low, and symptoms often present atypically, including rarely as acute pancreatitis.

Case Description:

A 45-year female with cervical cancer status-post total hysterectomy and pelvic radiation presented with abdominal pain with exam, laboratory studies and imaging findings consistent with acute pancreatitis.There was no history of new medications, alcohol use or evidence of cholelithiasis. Abdominal CT additionally revealed a prominent main pancreatic duct. Subsequent MRI/MRCP was notable for pancreatic duct dilation with gradual tapering concerning for obstruction without obvious mass. Outpatient follow up was recommended. In the interim, routine outpatient PET scan obtained for monitoring of her cervical cancer incidentally revealed increased FDG uptake in the pancreatic head, neck and proximal body. The patient was subsequently admitted for recurrent acute pancreatitis. Abdominal CT imaging demonstrated an interval increase in the size of the pancreatic head with cystic changes. -CA 19-9 level was 93. EUS with FNA revealed an abnormally enlarged head of the pancreas but cytology was unremarkable. Given non-diagnostic cytology results, the patient subsequently underwent a repeat EUS with FNB, which revealed a bulky pancreas. Initial cytology revealed lymphocytic infiltrate of T-cell predominance, suggestive of chronic inflammation. While awaiting final cytology results, her hospital course was complicated by development a direct hyperbilirubinemia. Interval MRCP demonstrated a dilated common bile duct (CBD). ERCP was notable for a distal common bile duct stricture, for which a plastic CBD stent was placed. Brushings were negative for malignancy. She was empirically started on oral corticosteroids due to concern for autoimmune pancreatitis. Subsequent immunostaining from EUS cytology finally returned and was consistent with EBV-positive Tcell proliferation, raising concern for lymphoma. She underwent IR guided biopsy, which revealed EBV positive extranodal NKTCL. The patient was started on M-SMILE chemotherapy with plans for consolidative radiation and potential autologous transplant in the future. Following this, she underwent interval ERCP with resolution of the common bile duct stricture with subsequent removal of the existing stent.

Discussion:

NKTCL is most often found in the upper aerodigestive tract (nasal type) but is rarely seen in the pancreas.This remains a challenging diagnosis due to its atypical features and potential to mimic more common etiologies of an enlarged pancreatic head. It is also rarely seen as a presentation of acute pancreatitis,although malignancy should always remain on the differential as an etiology for this, particularly if there is no history of new medications, alcohol use or cholelithiasis.