



# CLINICOPATHOLOGICAL FEATURES IN PATIENTS WITH SOLID PSEUDOPAPILLARY TUMORS

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## Introduction

Solid pseudopapillary neoplasia (SPN) is a rare tumor with low malignant potential and it is mostly located in the tail of the pancreas. It usually affects young women in the 2-4. decades. Although most of the cases are asymptomatic, they mostly apply to the clinic with non-specific symptoms such as abdominal pain. Cases are mostly detected incidentally and the first choice for imaging is CT. The gold standard in diagnosis is histopathological examination. Preoperative diagnosis is made with EUS-guided fine needle biopsy. Surgical resection is usually performed and the survival rate after resection is high. Our aim in this study is to examine the postoperative conditions in patients diagnosed with SPN.

## Materials and Methods

In our study, patients with a pathology report who were diagnosed with SPN in the Bezmialem Vakıf University Medical Faculty Hospital between September 2011 and September 2022 were examined retrospectively. Demographic data of the patients, reasons for admission to the hospital, imaging methods used in the diagnosis, surgical procedures performed on the patient, long-term survival after treatment, complications, local recurrence and metastases were investigated.

## Results

As a result of the screening performed in our hospital, 7 patients diagnosed with SPN were identified. 85.7% (6 patient) of the patients were female and 14.3% (1 patient) were male. 71.4% (5 patients) of the patients applied with abdominal pain, 28.6% (2 patients) were found to be incidental. The mean age of the admitted patients is 32.86 years. The imaging method used for the patients was 71.4% (5 patients) CT and 42.9% (3 patients) MR. Distal pancreatectomy was performed in 100% of the patients and splenectomy was performed in 85.7% (6 patient). Mean follow-up time of patients is 45,6 months. Postoperative complications, recurrences and metastases were not observed in any of the patients; one patient could not be reached.

Ad soyad	Cinsiyet	Yaş (ameliyat)	Başvurduğu semptom	Yapılan görüntüleme yöntemi	Tümör boyutu	Yerleşim yeri	Yapılan cerrahi	Postop komplikasyon	Nüks, metastaz
E*****n S****şı	E	30	Karın ağrısı	Mr	60x53 mm	Kuyruk	Distal parsiyel pankrektomi, splenektomi	Yok	Hastaya ulaşılamadı
K*****e T*****u	K	50	Karın ağrısı, mide bulantısı	Bt	93x75 mm	Kuyruk	Distal parsiyel pankrektomi, splenektomi	Yok	2022 kontrol bt si temiz
R***a S*****n	K	16	Karın ağrısı	Mr	100x75mm	Kuyruk	Distal pankrektomi, splenektomi	Yok	18.08.2014 bt normal 11.04.2016 bt normal. Bir daha kontrole gelmemiş semptom yok
B**u Ç****r	K	30	Karın ağrısı	Mr	100x70mm	Korpus ve kuyruk	Distal pankrektomi, splenektomi	Yok	22.05.2017 bt normal 25.01.2018 mr normal 2020 mr temiz (dış merkez)
D***k A****r K*****n	K	39	Karında şişlik ve ağrı	Bt	45x40mm	Kuyruk	Distal parsiyel pankrektomi, splenektomi	Yok	Mayıs 2022 bt temiz
N***n Y****I	K	37	İnsidental	Bt	57x52mm	Kuyruk	Distal pankrektomi, splenektomi	Yok	16.08.2021 bt temiz
Y***z O**u	K	28	İnsidental	Bt	65x62 mm	Kuyruk	Distal pankrektomi	Yok	28.07.2021 bt temiz

## Conclusion

SPN is a rare tumor seen mostly in young women and the main clinical presentation is abdominal pain; all tumors were located in the tail of the pancreas; the prognosis after resection is successful.

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