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Acinar Cell Carcinoma of Pancreas Associated with Plasma Cell Dyscrasia, a Case Report.

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Abstract:

Acinar cell carcinoma of pancreas is a rare tumor of pancreas which arises from acinar cells of the pancreas. We want to present nephrotic-range proteinuria and plasma cell dyscrasia in a case of acinar cell carcinoma of pancreas.

Keywords: Acinar cell carcinoma, Pancreas, Plasma cell dyscrasia

Case Report

Acinar cell carcinoma of pancreas is is a rare epithelial tumor of pancreas.[1] It accounts only 1% of exocrine pancreatic tumors.[2]

Patients with acinar cell carcinoma of pancreas present in younger age, generally have resectable disease and their survival are significantly higher compared with patients with pancreatic adenocarcinoma.[3]

There is only one report exists in literature regarding association between acinar cell carcinoma of pancreas and myeloma-like cast nephropathy.[4] We want to present nephrotic range proteinuria and plasma cell dyscrasia in a case of acinar cell carcinoma of pancreas.

A 57 y/o male presented with hematemesis and malaise. He had history of low back pain. Upper gastrointestinal endoscopy revealed peptic ulcer disease (gastric ulcer and duodenal ulcer). Further work-up showed:

WBC=6400/µL, Hb=10.8 gr/dl, MCV=94 Fl, Plt count=161'000/µl, Cr=1.5 mg/dl, BUN=18 mg/dl, ESR=90mm/hr and +3 proteinuria in Urine analysis, nephritic-range proteinuria in 24 hour urine(3800 mg/day), Albumin=2.9 gr/dl(Nl:4-4.8), monoclonal gammopathy in serum protein electrophoresis(Gamma=2.6 gr/dl, normal range: 0.8-1.4 g/dl), SGOT=62 U/L(Nl<41), SGPT=65(Nl<41),Total Bilirubin=6.98 mg/dl, Direct Bilirubin=5.71 mg/dl, Alkaline phosphatase=619U/L (Nl:80-306), serologic tests were negative for HBS Ag, HCV Ab, ANA, Anti-ds DNA, C-ANCA, P-ANCA.

Abdominopelvic magnetic resonance imaging (MRI) showed a 8×5 Cm mass in right para-aortic area. Abdominal sonography revealed multiple hypoechoic heterogeneous lesions in porta hepatis and peripancreatic and para-aortic areas. Laparotomy and biopsy of para-aortic mass was done and pathological examination revealed: acinar cell carcinoma of pancreas. Bone marrow aspiration showed more than 40% plasma cells. Skull-X ray and lumbar X-rays revealed lytic lesions. The diagnosis of multiple myeloma was made according to raised number of plasma cells in bone marrow, monoclonal gammopathy and normocytic-normochromic anemia and elevated erythrocyte sedimentation rate and lytic lesions in skull&lumbar X-rays.

We found coexistence of acinar cell carcinoma of pancreas and plasma cell dyscrasia in this patient with nephritic-range proteinuria. Renal biopsy was recommended a necessary tool for finding exact cause of nephrotic-range proteiuria.

Acinar cell carcinoma of pancreas is a rare type of pancreatic cancers. It accounts for only 1% of cancers that arise from exocrine portion of pancreas.[2] It occurs generally in sixty to seventy years old patients and has a male predominance.[5,7] It may be large and metastatic at presentation.

The typical presentations of Acinar cell carcinoma of pancreas are included subcutaneous fat necrosis, polyarthritis and eosinophillia (Schmid's triad) due to increased lipase secretion by this tumor.[6]

The usual initial manifestations are weight loss, abdominal pain, nausea and vomiting. Because it arise from the pancreatic acinar cells symptoms due to pancreatic enzymes (insulin, glucagon and insulin-like growth factors) secretion can be other manifestations of this tumor.[5] Treatment protocols for acinar cell carcinoma of pancreas is not standardized due to rarity of this cancer.[7]

It may be an association between plasma cell dyscrasia and acinar cell carcinoma of pancreas. Same oncogenes or carcinogens may be involved in both diseases.

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