Pancreatic involvement by primary mediastinal lymphoma presenting as acute pancreatitis
Patient P., female, 35 years old
Presented with superior vena cava syndrome (dispnea, cough, facial swelling)
X-ray: mediastinal tumor
CT – mediastinal tumor 96x79x130 mm with involvement of thoracic wall.
transthoracic biopsy was performed
Immunohistochemistry – CD20+, CD45+, CD23+, CD30+ (weak), CD10-. Anti-Human Cytokeratin -, CD5+ (separate cells), Bcl6+, Bcl2+, MUM1+ - primary mediastinal B-cell lymphoma.

Diagnosis
Acute pancreatitis?..

- Sudden dull abdominal pain in the upper abdomen, radiated through to the back.
- Chemistry: amylase↑, lipase↑, diastase of urine↑.
- Acute pancreatitis was diagnosed.
- Contrykal, octreotide and infusion were administrated – no clinical effect.
- The intensity of abdominal pain was increasing.
- Abdominal ultrasonography: differential diagnosis with lymphoma involvement
Start of treatment

- Involvement of pancreas was suspected.
- Cytoreduction chemotherapy was started (cyclophosphamide 200 mg/m² i.v. 1-5 d, prednisolone 100 mg p/o 1-5 d).
- The pain had disappeared; levels of lipase, amylase and diastase became to normal ranges.
- $3 \times$ R-CHOP-14;
- primary refractory disease was diagnosed.
- CNS relapse during 2nd line chemotherapy (R-DHAP)
- Patient died during RT
Questions for discussion

- Aggressive course of primary mediastinal lymphoma with pancreatic involvement
- The presented report describes a unique case of NHL with pancreatic involvement presenting as acute pancreatitis. A literature search has revealed eight cases of primary involvement of the pancreas by B-cell lymphoma presenting as acute pancreatitis.
- Necessarily of histological confirmation of lymphoma involvement of pancreas. Other imaging tests?