

months after completion of chemotherapy), 20mm tumor located in right lung was detected in scheduled CT. Imaging diagnosis was pulmonary metastasis from pancreatic cancer or primary lung cancer. He underwent right upper lobectomy in respiratory surgical department. Pathological finding of resected pulmonary specimen was identical to metastatic pancreatic cancer. After lung operation, S-1 (80mg/day) was administered for a year. We could not detect any recurrence at the present moment. As for metastatic pancreatic cancer after resection, operative indication is controversial. Some reports advocated the potency of surgery for selected cases. We want to discuss about treatment strategy.

P-095.

A surgical case of pancreatic metastasis from lung cancer

Hideaki Sueoka, Kazuhiro Suzumura, Tadamichi Hirano, Toshihiro Okada, Yasukane Asano, Naoki Uyama, Ikuo Nakamura, Yuichi Kondo, Hisashi Kosaka, Seikan Hai, Jiro Fujimoto

Department of Surgery, Hepato-Biliary-Pancreas Surgery, Hyogo College of Medicine, Japan

A 61-year-old man was admitted to our hospital because of lung tumor. He was diagnosed with lung cancer, and was performed right middle lobectomy. Histopathological examination showed poorly differentiated adenocarcinoma (pT2N3M0, StageIIIB). About 1 year after the lung resection, brain metastasis was demonstrated, and radiation therapy was performed for brain metastasis. Seven years after the lung resection, serum CEA levels elevated again. FDG-PET showed slightly uptake by the pancreatic head. Computed tomography showed an irregular and poorly enhancing tumor in the pancreatic head. Endoscopic ultrasound with fine needle aspiration (EUS-FNA) of the tumor in the pancreatic head was performed. Histopathological examination showed a thyroid transcription factor (TTF)-1 positive adenocarcinoma. The preoperative diagnosis was pancreatic metastasis from lung cancer. We performed subtotal stomach-preserving pancreaticoduodenectomy for pancreatic head tumor because the primary lung cancer and brain metastasis responded completely to chemoradiation. Histopathological examination of the resected specimen revealed moderately differentiated adenocarcinoma. Immunohistochemistry revealed TTF-1 positive cells in the tumor. The patient's postoperative course was uneventful, and he was discharged from the hospital on the 12th day after surgery. He is alive without recurrence 2 month after pancreatic surgery. Most patients with pancreatic metastasis from lung cancer are not candidates for surgical treatment since they have widespread systemic disease at the time of diagnosis. Therefore, surgical cases of pancreatic metastasis from lung cancer are rare. We report a surgical case of pancreatic metastasis from lung cancer.

P-096.

Four cases of surgical resection of the isolated lung metastasis from pancreatic cancer

Shinji Hashimoto, Tatsuya Oda, Osamu Shimomura, Keisuke Kono, Yukio Oshiro, Masanao Kurata, Nobuhiro Ohkohchi

Department of Gastrointestinal and Hepato-Biliary-Pancreatic Surgery, Faculty of Medicine, University of Tsukuba, Japan

We report four cases whereby patients underwent surgical resection of the isolated lung metastasis from pancreatic cancer after radical pancreatectomy.

Case 1: A 64-year-old man underwent pancreaticoduodenectomy (PD) for pancreatic cancer (pT3N0M0 Stage III). The lung metastasis was identified 28 months after surgery, and he underwent resection of the S9+10 of the left lung. After the lung operation, he died at 14 months because of having pleural dissemination.

Case 2: A 70-year-old man underwent distal pancreatectomy for pancreatic cancer (pT4N1M0 Stage IVa). The lung metastasis was identified 22 months after surgery, and he underwent thoracoscopic partial resection of the lung. After the lung operation, he died at 88 months because of having multiple lung metastases.

Case 3: A 55-year-old woman underwent PD for pancreatic cancer (pT4N0M0 Stage IVa). The lung metastasis was identified 41 months after surgery, and she underwent thoracoscopic partial resection of the lung. She is living in relapse-free survival for 9 years.

Case 4: A 52-year-old woman underwent PD for pancreatic cancer (pT4N0M0 Stage IVa). The lung metastasis was identified 8 years after surgery, and she underwent thoracoscopic partial resection of the lung. After the lung operation, she is living in relapse-free survival for 20 months.

Our cases indicate that an aggressive surgical approach for isolated lung metastasis originating from pancreatic cancer possibly results in a favorable outcome in selected cases.

P-097.

A case of pancreatic metastasis from squamous cell carcinoma of the lung diagnosed by a new EUS-guided fine needle biopsy system

Takuya Ishikawa, Rachid Mohamed, Puja Kumar, Paul Belletrutti

Division of Gastroenterology and Hepatology, University of Calgary, Canada

Metastatic lesions are rare in the pancreas, and some cases are difficult to distinguish from primary pancreatic cancer. A 70-year-old man presented to the hospital with a three-month history of ongoing abdominal pain and weight loss. On workup by his family physician, transabdominal ultrasound showed a pancreatic mass. CT revealed a 3.8cm hypodense mass in the pancreatic body with extensive lymphadenopathy in the thorax up to the left supraclavicular region, abdomen and pelvis. It also showed a 2cm left mid lung mass posterior to the left main stem bronchus. Ultrasound-guided biopsy of the left supraclavicular lymph node showed invasive squamous cell carcinoma. He was referred to our department for a tissue diagnosis via endoscopic ultrasound (EUS) to determine the primary origin. Endoscopically there was no abnormality in the esophagus. EUS revealed both lesions in the mediastinum posterior to the left main stem bronchus and in the pancreatic body detected on CT. EUS-guided fine needle biopsy (EUS-FNB) was performed for these two lesions using a 25-gauge novel fine needle biopsy system (Beacon SharkCore /Covidien). Histopathological findings in both of the specimens showed carcinoma which was morphologically similar to the metastatic squamous cell carcinoma identified in a supraclavicular lymph node biopsy. Immunostains performed on both specimens showed that the neoplastic cells express CK5/6, p63 and MOC31. Finally the patient was diagnosed with a metastatic squamous cell carcinoma involving the pancreas from primary lung cancer. He is planned for palliative chemotherapy of lung cancer. EUS-FNB made it possible to obtain histological diagnosis and it is useful to differentiate between primary and metastatic pancreatic cancer, allowing appropriate clinical management to be started without the need for additional time-consuming diagnostic procedures.

P-098.

A case of pancreatic metastasis 18 years after a renal cell carcinoma operation

Moritaka Nagai, Motoyuki Kobayashi, Rie Sato, Shinsuke Matsuda, Hideaki Suzuki

Department of Surgery, Nagai Hospital, Japan

We report a case with metastasis in pancreas, cervix, and hilar lymph node 18 years after renal cell carcinoma operation. The subject was a 56-year old male. At 38, the patient received a right nephrectomy for right