

NON-METASTATIC PANCREATIC SQUAMOUS CELL CARCINOMA IN A 37-YEAR-OLD MALE: A CASE REPORT



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BACKGROUND

Pancreatic cancer can generally be classified as exocrine ductal carcinomas, acinar carcinomas, or neuroendocrine tumors. Pancreatic squamous cell carcinoma is an extremely rare form of ductal carcinoma and bears a poorer prognosis. There is currently no standard treatment established for inoperable cases due to the low incidence and poor responsiveness to chemoradiation relative to pancreatic adenocarcinomas. The ideal chemotherapeutic agent for nonresectable tumors remains a controversial subject.

CASE PRESENTATION

> A 37 year-old male from the Northern Mariana Islands presented to the emergency department with a 1-month history of abdominal pain radiating to the back, nausea, and an unintentional 30-pound weight loss.

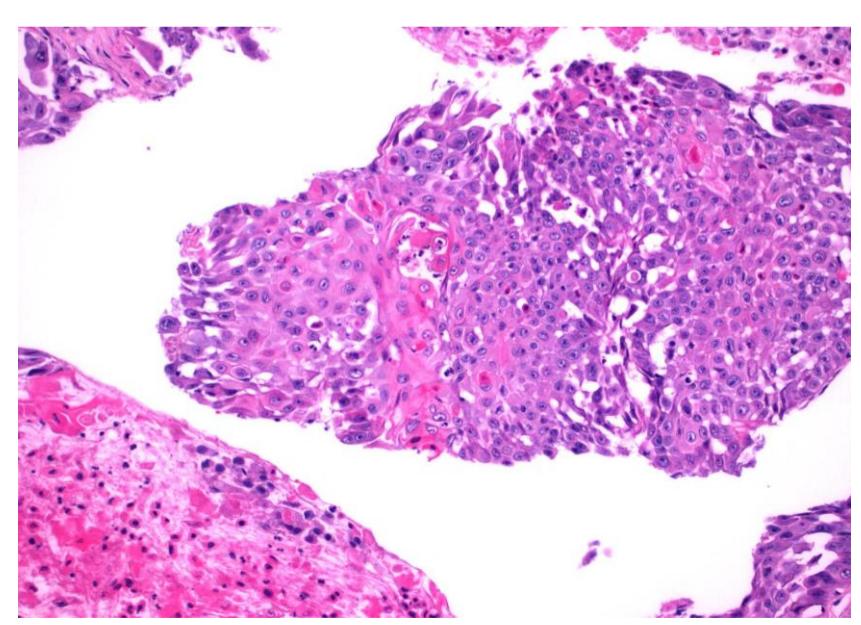
> Patient has a history of chronic betel nut-chewing, cigarette smoking, and alcohol consumption.

> Physical examination demonstrated a possible left flank lipoma and was otherwise unremarkable. Leukocytosis and tachycardia were present.

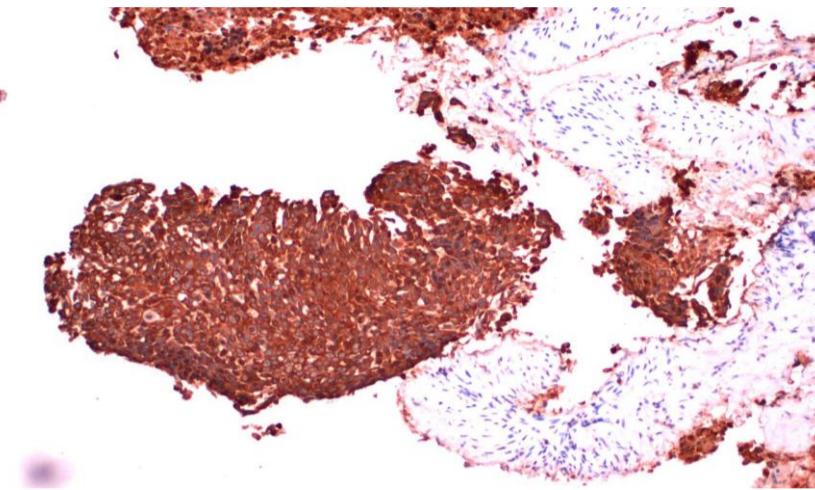
LAB RESULTS

TEST	RESULTS	1 MONTH FOLLOW-UP
WBC	10.2 K/uL (4.8-10.5)	12.4 K/uL
CA 19-9	14 U/mL (0-37)	9 U/mL
CA 125	33 KU/L (0-35)	84 KU/L
CEA	2.1 ng/mL (0-3)	2.6 ng/mL

- > Abdominal CT revealed a complex 4.8cm mass in the pancreatic head with central necrosis. Patient was referred off-island for further evaluation. EUS with fine-needle aspiration was performed.
- > Patient returned to the emergency room one month later due to intermittent jaundice and worsening abdominal and back pain.
- > Follow-up abdominal CT demonstrated that the mass had enlarged to with 6.2cm with common bile duct obstruction, peripancreatic adenopathy, and complete encasement of the superior mesenteric artery.



Histological findings revealed neoplastic squamous cells in a background of fibrous stroma with reactive changes.



Immunohistochemical analysis revealed positive CK-5/6, CK-7, and p40 markers, as well as PDL-1 expression

- > ERCP was performed with placement of a metallic stent. Surgical intervention was determined to be inadvisable due to vascular involvement
- > Abdominal pain was unresponsive to Morphine, Dilaudid, or other opioid derivatives but relieved by IV Toradol
- > A regimen of docetaxel and oxaliplatin with capecitabine was initiated. Following 4 treatment cycles, tumor size decreased by 40-50% and CA-125 levels declined to normal values

DISCUSSION

- > Median survival for pure pancreatic squamous cell carcinoma is 7 months with resection, 3 months with medical management alone. Only 14% of patients survive beyond 1 year.¹
- > 62.6% of cases are diagnosed after progression to stage IV.²

- > The patient possesses an unusually early age for the onset of pancreatic squamous cell carcinoma. He exhibits common risk factors for pancreatic adenocarcinoma, but the causative factors of squamous cell carcinoma are less established.
- > The rapid response to non-steroidal anti-inflammatory medication suggests that his pain is predominantly inflammatory in nature.

CONCLUSION

Pancreatic squamous cell carcinoma generally remains aggressive, advanced at the time of diagnosis, and difficult to treat. Due to the low incidence and limited number of case studies, the best course of management is not currently definitive. The tumor burden has been successfully reduced with a combination of platinum-based chemotherapy and immunotherapy.

ACKNOWLEDGMENTS

Leo E. Orr, M.D., Hematology and Oncology, PIH Health Good Samaritan Hospital

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- ²Makarova-Rusher OV, Ulahannan S, Greten TF, Duffy A. Pancreatic Squamous Cell Carcinoma: A Population-Based Study of Epidemiology, Clinicopathologic Characteristics and Outcomes. *Pancreas.* 2016 Nov;45(10):1432-1437