



## Atypical presentation of CLL/SLL as pancreatic mass: case report

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### Abstract

Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) is a mature B-cell neoplasm and the most prevalent leukemia in adults in Western countries, though it is less common in Asian populations and more frequently observed in males. Case Presentation: A 54-year-old female with no underlying disease, who presented with left lower quadrant pain and dysuria. **Discussion:** A 54-year-old female with no underlying disease presented with left lower quadrant pain and dysuria. Initial evaluation with non-contrast MDCT revealed a 0.4 cm ureterovesical junction stone without associated hydroureter or hydronephrosis, as well as an incidental 2.6 x 3.8 x 5.1 cm isodense soft tissue mass in the gastrohepatic region abutting the pancreatic tail. Subsequent contrast-enhanced MDCT identified a well-defined, enhancing lesion measuring 2.4 x 3.7 cm attached to the antero-superior aspect of the pancreatic body, raising suspicion for an exophytic pancreatic tumor. The patient underwent laparoscopic spleen-preserving distal pancreatectomy. Results: Histopathological analysis of the resected specimen revealed chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) involving an adjacent lymph node. **Conclusions:** This case underscores the importance of investigating incidental findings on imaging. Although the mass initially mimicked a pancreatic tumor, a multidisciplinary approach and surgical intervention led to a definitive diagnosis of CLL/SLL. Clinicians should be aware of extranodal presentations of lymphoma that can mimic primary organ tumors.

**Keywords:** Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL), laparoscopic spleen-preserving distal pancreatectomy, pancreatic incidentaloma

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**บทคัดย่อ:** รายงานการวินิจฉัย CLL/SLL ที่มาด้วยก้อนที่ตับอ่อน

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Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) เป็นนีโอพลาซึมของเซลล์บีระยะเจริญเต็มที่ ที่พบบ่อยในผู้ใหญ่โดยเฉพาะในประเทศฝั่งตะวันตกต่างจากในเอเชียที่พบน้อย และพบในเพศชายมากกว่าเพศหญิง การที่อาการนำของโรคมามีลักษณะก้อนเนื้ออกบริเวณตับอ่อนพบได้ไม่บ่อย และอาจทำให้เกิดความคลาดเคลื่อนในการวินิจฉัยได้ **รายงานผู้ป่วย:** ผู้ป่วยหญิงอายุ 54 ปี ไม่มีโรคประจำตัว มาโรงพยาบาลครั้งแรกด้วยอาการปวดท้องน้อยด้านซ้ายร่วมกับปัสสาวะแสบขัด ได้ทำการตรวจเพิ่มเติมด้วยเอกซเรย์คอมพิวเตอร์แบบไม่ฉีดสารทึบแสง พบนิ่วขนาดเล็กที่รอยต่อระหว่างท่อไตและกระเพาะปัสสาวะ และพบก้อนเนื้ออกบริเวณ gastrohepatic ที่ติดกับตับอ่อน หลังจากนั้นตรวจเอกซเรย์คอมพิวเตอร์แบบฉีดสารทึบแสงพบก้อนบริเวณตับอ่อนนึกถึงเนื้องอกตับอ่อนที่ยื่นมาบริเวณตัวของตับอ่อน จึงได้รับการผ่าตัด laparoscopic spleen-preserving distal pancreatectomy ผลการตรวจทางพยาธิวิทยาวินิจฉัยเป็น Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) **สรุป:** รายงานฉบับนี้แสดงให้เห็นว่า Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) สามารถมีอาการนำของโรคในลักษณะคล้ายเนื้องอกของตับอ่อน การตรวจทางรังสีวิทยา ร่วมกับการผ่าตัดเพื่อให้ได้ผลทางพยาธิวิทยา มีบทบาทในการวินิจฉัยที่ถูกต้อง ในกลุ่มผู้ป่วยที่มีเนื้องอกบริเวณตับอ่อนลักษณะยื่น มีความเป็นไปได้ที่จะเป็น lymphoma

**คำสำคัญ:** คีเมียลิมโฟซัยติกเรื้อรัง/ลิมโฟมาเซลล์ลิมโฟซัยต์ขนาดเล็ก (CLL/SLL), การผ่าตัดตับอ่อนส่วนปลายแบบส่องกล้องร่วมกับการสงวนม้าม, ก้อนที่ตับอ่อนที่พบโดยบังเอิญ

## Introduction

The first report of pancreatic incidentaloma was published in 2001 and detected nowadays because advanced imaging technique, especially computed tomography, are commonly used for diagnostic purposes. A survey study conducted in The United states of America from 1996 to 2014 found statistically significant increase in the use of computed tomography and magnetic resonance imaging in emergency department.<sup>(1)</sup> Asymptomatic pancreatic lesions can be found in both solid and cystic lesions, most commonly caused by Intraductal papillary mucinous neoplasm (IPMN), and the complication rate from pancreatic resection is equivalent to that of symptomatic resection.<sup>(2)</sup>

Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) is the most common type of leukemia in Western countries (5/100000 cases) but relatively low among Asian people (1.2/100000 cases). Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) is more common in male, male to female ratio 1.2:1 to 1.8:1.<sup>(3)</sup> Median age of diagnosis is 72 years. Most patients present with no symptoms and physical examination reveals painless swelling of lymph nodes. Lymph node enlargement may be generalized or localized and can vary in size, most commonly occurring in the cervical, supraclavicular, and axillary lymph nodes. The most common extranodal sites are skin (33%) and central nervous system (27%), respectively.<sup>(4)</sup>

This case illustrates an asymptomatic patient with an incidental intra-abdominal lesion that appeared to mimic a pancreatic mass but ultimately was diagnosed as solitary intra-abdominal lymphadenopathy.

### Case report

A 54-year-old female with no underlying disease presented with left lower quadrant pain and dysuria. Initial evaluation with non-contrast multi-detector computed tomography (MDCT) revealed a 0.4 cm ureterovesical junction stone without associated hydronephrosis, as well as an incidental 2.6 x 3.8 x 5.1 cm isodense soft tissue mass in gastrohepatic region abutting the pancreatic tail. She was transferred from general hospital to our center.

Due to the problem of a UVJ stone, she was referred to the Urology department. The urinary tract stone was quite small, and the urologist did not recommend any specific treatment other than follow-up. Later, she was sent to our department. We decided to perform a contrast-enhanced multi-detector computed tomography (MDCT). The multi-detector computed tomography (MDCT) revealed a well-defined, enhancing lesion measuring 2.4 x 3.7 cm, attached to the anterosuperior aspect of the pancreatic body, raising suspicion for an exophytic pancreatic tumor. After discussing with the patient, we planned to perform a laparoscopic spleen-preserving distal pancreatectomy. The preoperative results are shown below.

#### Complete Blood Count (CBC):

- Hematocrit (Hct): 38.3%
- Hemoglobin (Hb): 12.1 g/dL
- White Blood Cells (WBC): 5300 / $\mu$ L
  - Neutrophils (NE): 58.8%
  - Lymphocytes (LY): 34.9%

#### Renal Function Tests:

- Blood Urea Nitrogen (BUN): 10.96 mg/dL
- Creatinine: 0.75 mg/dL

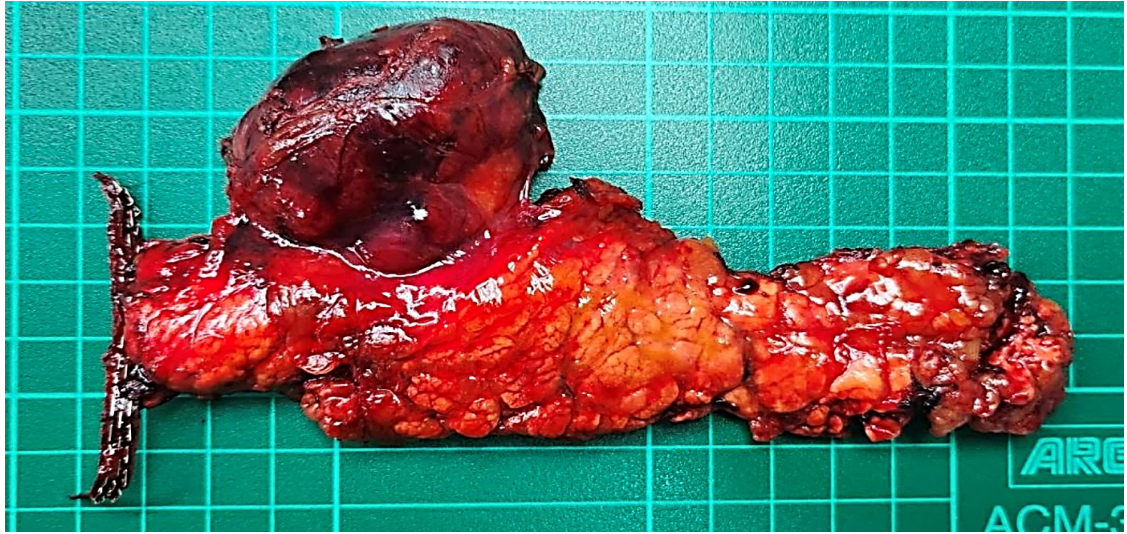
#### Coagulogram:

- Prothrombin Time (PT): 11.7 sec
- International Normalized Ratio (INR): 1.04
- Activated Partial Thromboplastin Time (aPTT): 24.6 sec
- Thrombin Time (TT): 17.7 sec

#### Electrolytes:

- Sodium (Na): 138.9 mmol/L
- Potassium (K): 3.56 mmol/L
- Chloride (Cl): 103.1 mmol/L
- Bicarbonate ( $\text{HCO}_2$ ): 23.7 mmol/L
- Anion Gap: 12.10

The operative procedure was laparoscopic spleen-preserving distal pancreatectomy. Intraoperative findings included a soft tissue mass at the upper border of pancreatic body, measuring 4.7 x 4 x 2 cm (figure 1). Operative time was 292 minutes, and the estimated blood loss was 100 mL. In postoperative period, she started an oral diet on postoperative day 1 with no immediate complications. The postoperative laboratory results were normal, except for elevated amylase levels in the drain fluid. Postoperative pancreatic fistula was identified as biological leakage, so the drain was kept in place until postoperative day 6.



**Figure 1**

Upon discharge, she returned to normal activities around 2 weeks after leaving the hospital. The pathological report showed chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) of the adjacent lymph node, while the pancreas was unremarkable. Immunostaining was positive for CD20, BCL-2, CD5, and CD23, and was negative for CD3, CD10, BCL6, Cyclin D1, SOX-11, and LEF-1. Tumor cells showed Ki-67 expression of less than 5%. Light chain analysis demonstrated kappa/lambda restriction.

Based on the pathological report, we referred her to the Hematology Department for further treatment, and she began therapy with the first chemotherapy regimen. After completing the chemotherapy course, she underwent follow-up contrast-enhanced MDCT, which demonstrated a decreased size of multiple cervical and mediastinal lymph nodes. She remained clinically asymptomatic.

## Discussion

Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) is most commonly found in older patients and often presents with no symptoms. Lymphadenopathy is a frequent sign, which may be either localized or generalized. The most commonly affected lymph node regions include cervical, supraclavicular, and axillary area. According to a 2009 report, the overall prevalence of pancreatic incidentalomas ranges from 0.01% to 0.6%<sup>(1)</sup> and 6-23% of patients undergoing pancreatic resection are typically asymptomatic.<sup>(5)</sup> Pancreatic incidentalomas are classified into cystic and solid lesions. The four most common solid lesion include pancreatic ductal adenocarcinoma (PDAC), pancreatic neuroendocrine tumor (pNET), solid pseudopapillary tumors, and focal chronic pancreatitis. Further investigation of solid pancreatic incidentalomas involves EUS due to its high diagnostic yield, even in small lesions.<sup>(6)</sup> In this patient, no specific signs or symptoms were associated with the diagnosis, and the primary issue was a pancreatic incidentaloma. However, EUS was not performed due to the size and anatomical location of the lesion. Given its feasibility for surgery, we discussed the situation with the patient and proceeded with operation.

## Conclusion

Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) is most commonly diagnosed incidentally in patients presenting with asymptomatic lymphadenopathy. In this case, although the patient initially presented with a pancreatic mass, the final pathological diagnosis revealed a suprapancreatic lymph node involvement.

Currently, the use of imaging studies especially multi-detector computed tomography (MDCT) has increased. Enabling the detection of pathologies at early stages or even in absence of clinical symptoms. Therefore, early diagnosis has the potential to improve treatment outcomes.

## Declaration of Patient Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images.

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