

MANAGEMENT OF A PATIENT WITH FRANTZ TUMOR AT A REFERRAL HOSPITAL IN BELÉM, PARÁ

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Introduction: Frantz tumor, or solid pseudopapillary neoplasm (SPN) of the pancreas, is a rare exocrine pancreatic tumor, typically affecting young females between the second and fourth decades of life. It is characterized by indolent growth and low malignant potential, particularly when identified early and surgically resected. Clinical symptoms are often nonspecific and may include abdominal pain, nausea, vomiting, and weight loss. Diagnosis is generally made through imaging techniques such as CT or MRI, followed by histopathological confirmation. Surgical removal remains the primary treatment option and offers favorable outcomes when feasible. **Objective:** To report a rare case of pancreatic neoplasm diagnosed as a solid pseudopapillary tumor (Frantz tumor) in a patient with atypical demographic and clinical features. **Case Report:** M.C.P., a 64-year-old male, evangelical, married, and employed as a street cleaner, residing in Ururupu, Maranhão and originally from Belém, Pará, presented with six months of progressive low back pain, later evolving into postprandial colicky epigastric discomfort. He reported an episode of hematemesis and melena two weeks after symptom onset, which led him to seek emergency care. Over the past five months, he also developed pain in the left inguinal region during walking and an infected right foot ulcer related to diabetic neuropathy. His medical history included diabetes mellitus, systemic hypertension, chronic smoking, and alcohol use. Family history was notable for gastric cancer in a sister and a nephew. Physical examination revealed a cachectic patient (BMI 17.1), pale, with pain on deep palpation of the mesogastric region. His performance status was ECOG 3. Abdominal CT showed a heterogeneous mass in the body and tail of the pancreas, with involvement of the celiac trunk, splenic and common hepatic arteries, as well as the splenic and superior mesenteric veins. There was also infiltration into the lesser curvature of the stomach, extending into the gastric lumen, and three heterogeneous hepatic lesions suggestive of metastases. A liver biopsy confirmed the diagnosis of a solid pseudopapillary neoplasm. Given the presence of an active diabetic foot infection, chemotherapy was initially postponed, and the patient was referred to palliative care services. His prognosis remains guarded due to disease extent and comorbidities. **Conclusion:** Frantz tumor is a rare and often indolent pancreatic neoplasm, more commonly diagnosed in young women. This case stands out due to the

patient's age, gender, and significant comorbid conditions. Despite the atypical presentation, a definitive diagnosis was achieved, allowing for the initiation of an individualized treatment plan. The patient began chemotherapy with a favorable initial response, demonstrating the importance of considering SPN in differential diagnoses even in atypical scenarios.

Keywords: Frantz tumor; case report; chemotherapy.