INTRODUCTION
Solid-pseudopapillary neoplasm (SPN) is one of the most uncommon histotypes (1-3%) of all primary exocrine pancreatic neoplasms. Despite adequate characterization of the disease in the recent past, SPN still remains a challenging histotype in terms of clinical presentation and management. SPN is a rare entity in young women, with a predominant size of 15–100 cm, most commonly located in the body of the pancreas. The clinical presentation is often associated with a palpable mass, abdominal discomfort, and weight loss. The tumor aggressiveness is controversially discussed (9,10). Our patient presented with the classic clinical signs, abdominal discomfort being the prevailing symptom associated in some cases with a palpable mass, anorexia, and weight loss. The tumor was associated with a very particular immunohistochemical pattern with the characteristic expression of progesterone receptor, neuron-specific enolase (NSE), as well as vimentin, cytokeratin (CK116), and glycophorin A. Immunohistochemistry revealed a tumor with a very particular immunophenotype: CK116 showed an expression only in about 30% of cases. This tumor is characterized as a benign neoplasm of the pancreas, and the concept of malignant potential of SPN is controversial. The presence of malignancy cannot be ultimately ruled out. Besides preoperatively, the patient was vaccinated against various pneumococcus and meningococcus. We performed a distal pancreatectomy with en bloc resection of the adjacent spleen without infiltration. Apart from a microlithiasis of the gallbladder and a hepatic cyst, no other intrathoracoabdominal metastases were found. Tumor resection or even for recurrences (13) was performed at the time of primary intervention and showed an estimated 5-year survival of 95% (6). Extensive lymphadenectomy is not necessary except possible in case of vascular involvement.  

METHODS
This is a report of a case in a 35-year-old previously healthy Caucasian male patient. He presented with abdominal discomfort and a palpable mass along with nausea and vomiting. Controlled by his family doctor, detailed abdominal sonography was performed. There was a well-defined cystic lesion with an estimated size of 5 cm, involving the tail of the pancreas displaying a hypodense aspect on T1 and T2. Intraoperative findings revealed a cystic lesion with a very particular histopathologic aspect. The mass was resected with a related segment of the tail of the pancreas. Histopathologic examination confirmed the SPN diagnosis with a very particular immunoexpression of progesterone receptor, neuron-specific enolase (NSE), as well as vimentin, cytokeratin (CK116), and glycophorin A. The characteristic expression of progesterone receptor, neuron-specific enolase (NSE), as well as vimentin, cytokeratin (CK116), and glycophorin A was confirmed. The patient recovered well from the intervention and showed an estimated 5-year survival of 95% (6). Extensive lymphadenectomy is not necessary except possible in case of vascular involvement. Surgical resection or even for recurrences (13) was performed at the time of primary intervention and showed an estimated 5-year survival of 95% (6). Extensive lymphadenectomy is not necessary except possible in case of vascular involvement.  

IMMUNOHISTOCHEMISTRY
Immunohistochemical analysis of the tumor showed a typical expression of progesterone receptor, neuron-specific enolase (NSE), as well as vimentin, cytokeratin (CK116), and glycophorin A.  

DISCUSSION
SPN is a rare tumor of the pancreas that is diagnosed primarily in young women (borderline: the rare tumors from other gastrointestinal localizations). SPN is characterized by a very particular histopathologic aspect. At the time of surgery, the tumor is a well-defined cystic lesion with an estimated size of 5 cm, involving the tail of the pancreas displaying a hypodense aspect on T1 and T2. The characteristic expression of progesterone receptor, neuron-specific enolase (NSE), as well as vimentin, cytokeratin (CK116), and glycophorin A was confirmed. The patient recovered well from the intervention and showed an estimated 5-year survival of 95% (6). Extensive lymphadenectomy is not necessary except possible in case of vascular involvement. Surgical resection or even for recurrences (13) was performed at the time of primary intervention and showed an estimated 5-year survival of 95% (6). Extensive lymphadenectomy is not necessary except possible in case of vascular involvement. Surgical resection or even for recurrences (13) was performed at the time of primary intervention and showed an estimated 5-year survival of 95% (6). Extensive lymphadenectomy is not necessary except possible in case of vascular involvement.  

CONCLUSION
Even though SPN is a rare entity, it should be considered as a differential diagnosis in a pancreatic tumor, especially in young women. Treatment options remain controversial, and the results of watchful waiting in cases with synchronous resection of the primary lesion are favorable.  

REFERENCES