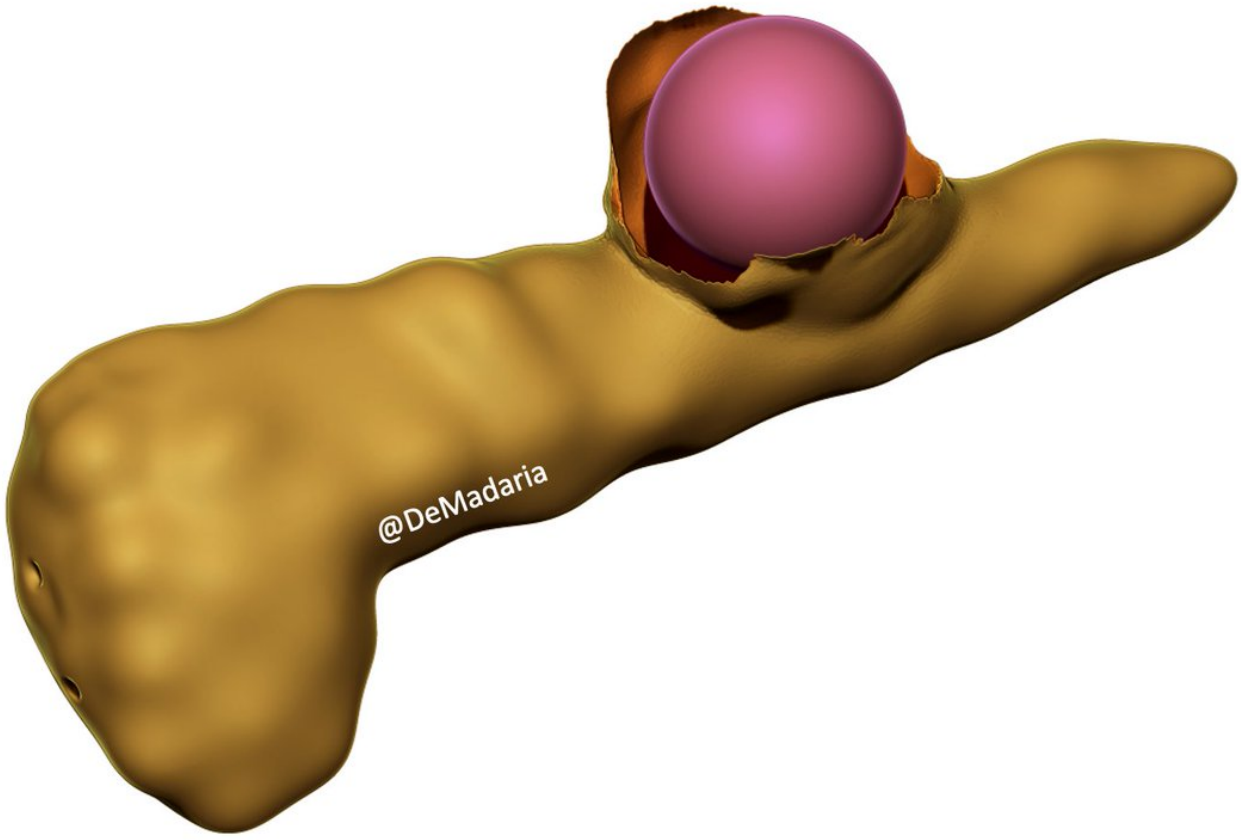
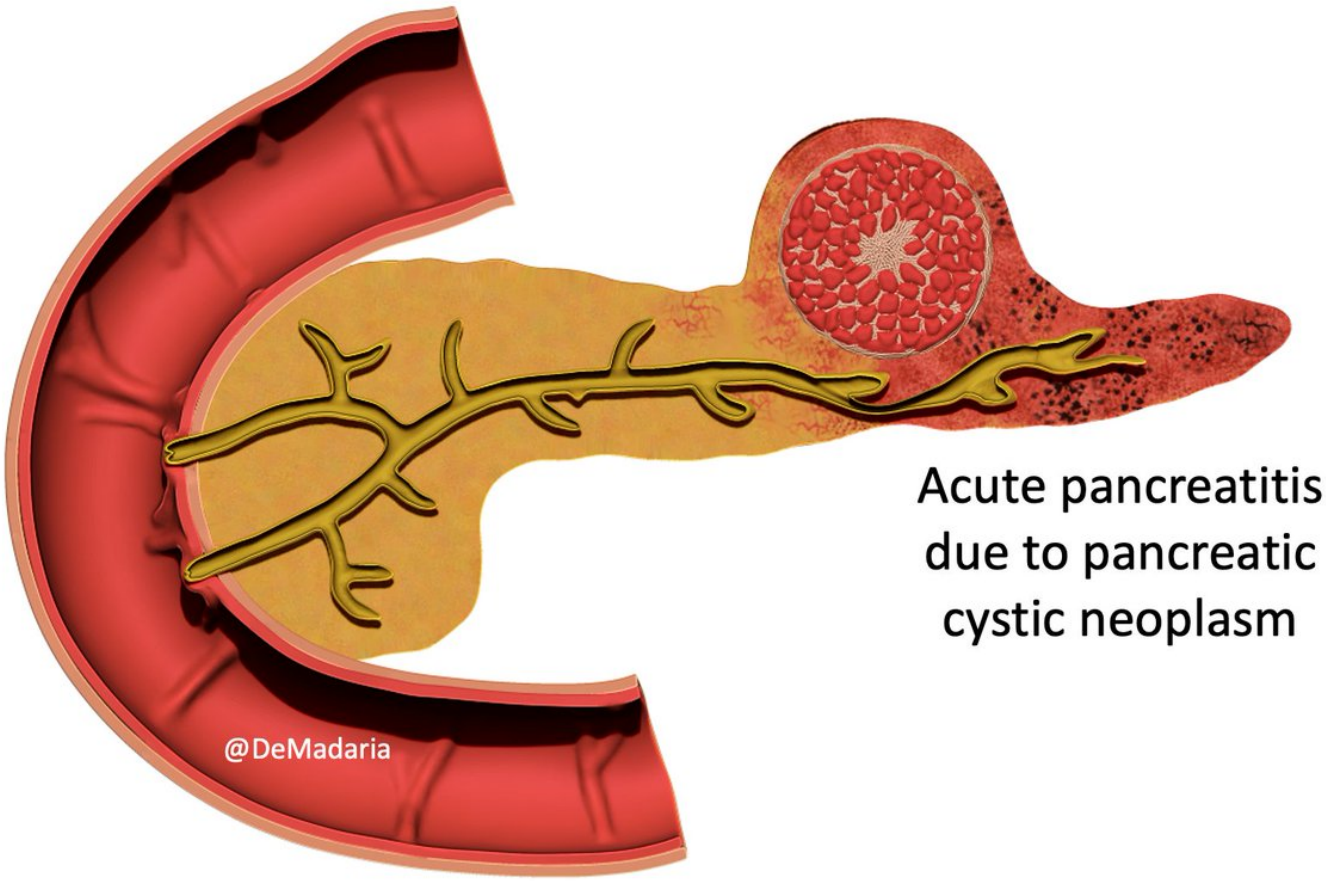
Twitter Thread by Enrique de-Madaria

Enrique de-Madaria
@DeMadaria

Cross-sectional imaging often reveals unexpected pancreatic cystic lesions, it is a frequent clinical problem, Should we observe or remove it? What's the diagnosis? Is our patient in danger of malignancy?
Don’t miss this @aegastro @my_ueg #EducAEG #UEGambassador twitter thread



Importance of Pancreatic Cystic Neoplasms (PCN):
Most are asymptomatic at diagnosis, frequency increases with age
Symptoms: acute pancreatitis (Wirsung obstructed by the cyst or mucus), pain, obstructive chronic pancreatitis, jaundice
> symptoms, >malignancy risk!



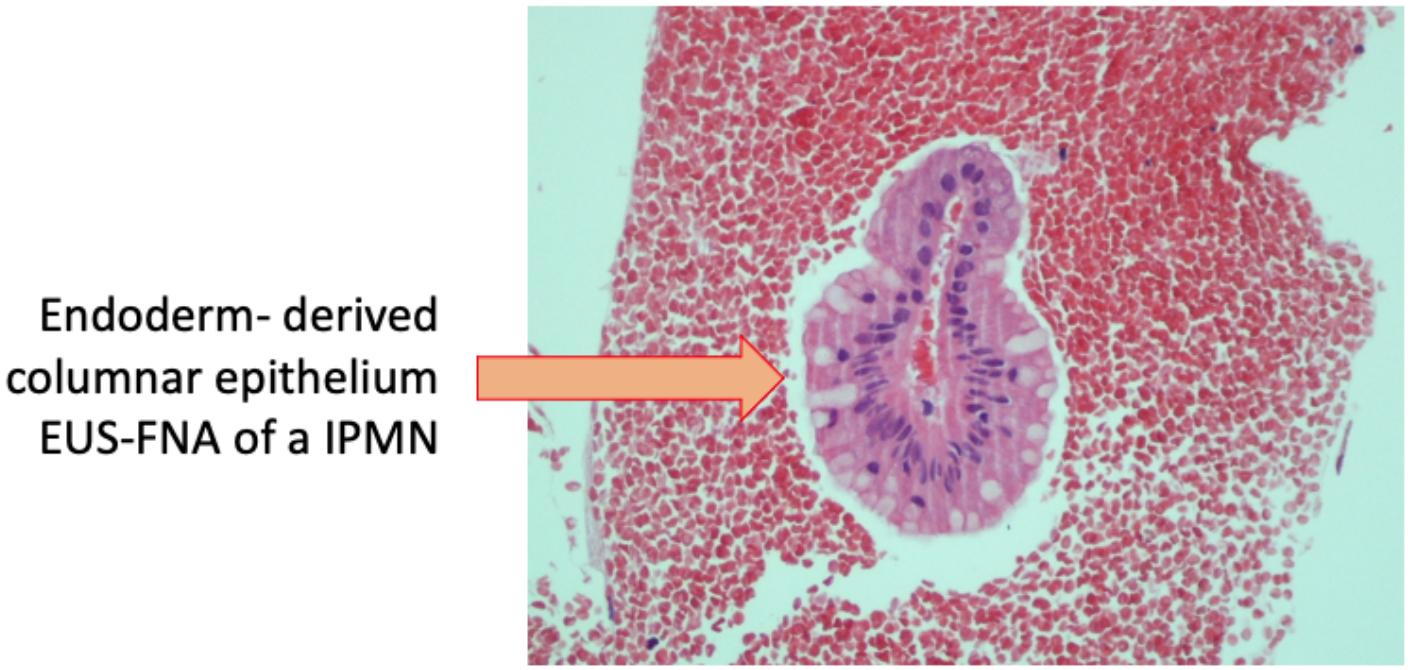
Classification of PCN:

Mucinous: intraductal papillary mucinous neop. and mucinous cystic neop.

Nonmucinous: serous cystic neoplasm, solid pseudopapillary neoplasm and cystic neuroendocrine tumours

Endoderm- derived columnar epithelium is characteristic for mucinous lesions

■



Intraductal papillary mucinous neoplasms (IPMN)
Characterized by papillary proliferation+mucus production. It may involve Wirsung (becomes dilated) and/or branch ducts (cysts connected to the ductal system). It may evolve to pancreatic cancer particularly if Wirsung is involved

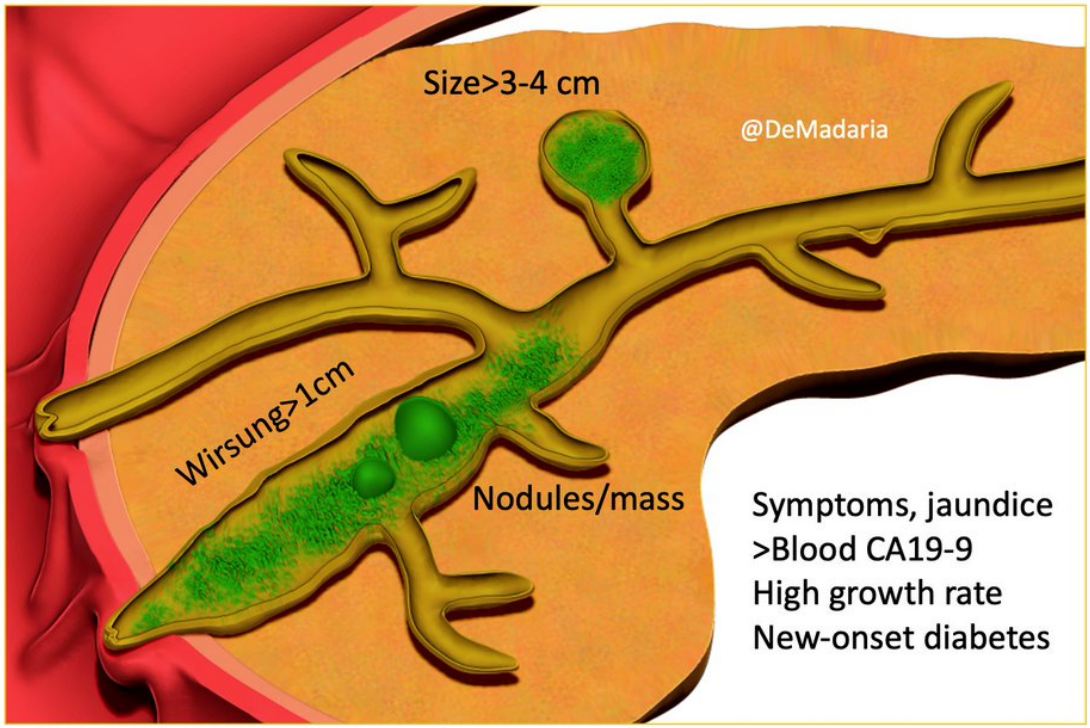




IPMN subtypes :
Intestinal: main duct, head, 40%->coloid/tubular adenoca
Pancreatobiliary: main duct,head, 68%->tubular adenoca
Oncocytic: rare, nodules,50%-> coloid/tubular adenoca
Gastric: most frequent, branch-type, uncinate, 10%->tubular adenoca
https://t.co/CyvfrBGrXZ

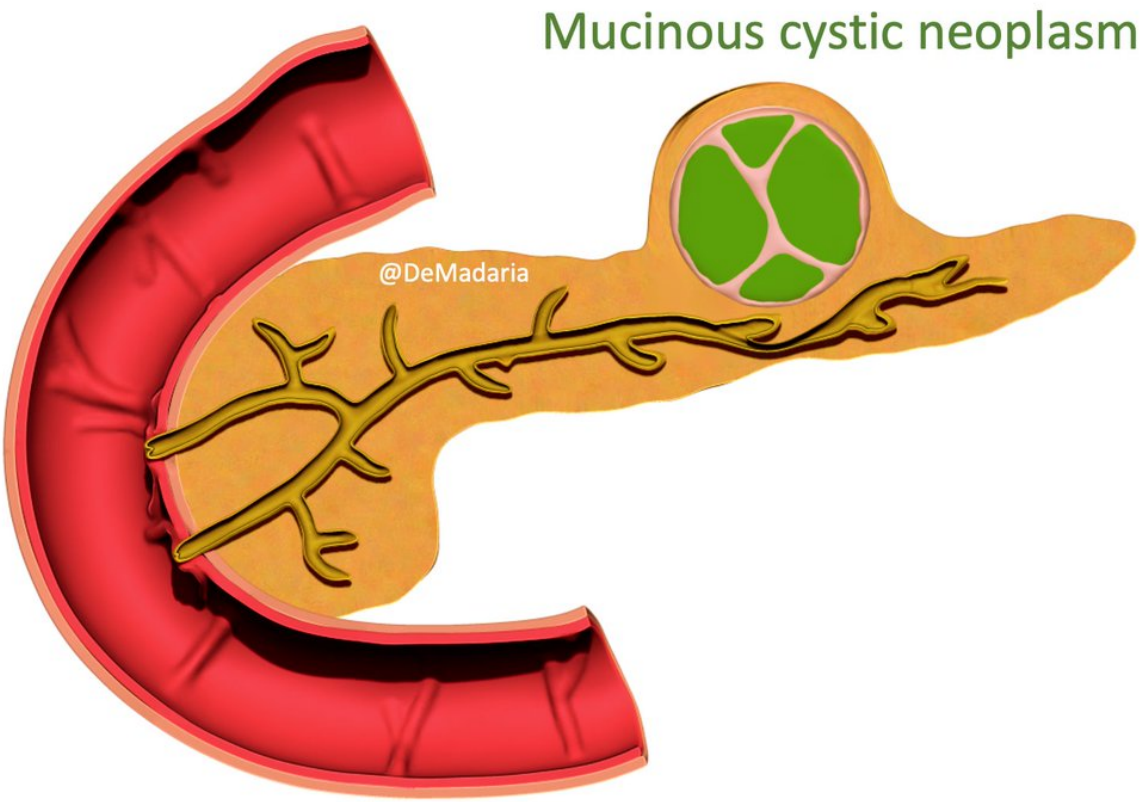
IPMN: risk factors for malignancy
Main duct involvement (60% in resected specimens vs 10 to 30% in resected side branch IPMNs), specially>1cm
Contrast-enhanced mural nodules
Size>3-4cm
Symptoms
Pts at risk of PDAC even in other regions of the gland without involvement
■■■

IPMN risk factors for malignancy



Intraductal papillary mucinous neoplasms -> management: follow these guidelines:
European guidelines 2018 @Gut_BMJ @chiaro_del @MarcBesselink https://t.co/x8waod12xr
Fukuoka 2017 @pancreatology@SalviaRobi https://t.co/PaEYljt5N9

Mucinous Cystic Neoplasms (MCN)
Characterized by mucinous epithelium and ovarian-type stroma, in body/tail
It is described as macrocystic, septated cyst with small number of cavities, it may have eccentric calcifications, no connection to ductal system
95% women, 5-7th decades



MCN:

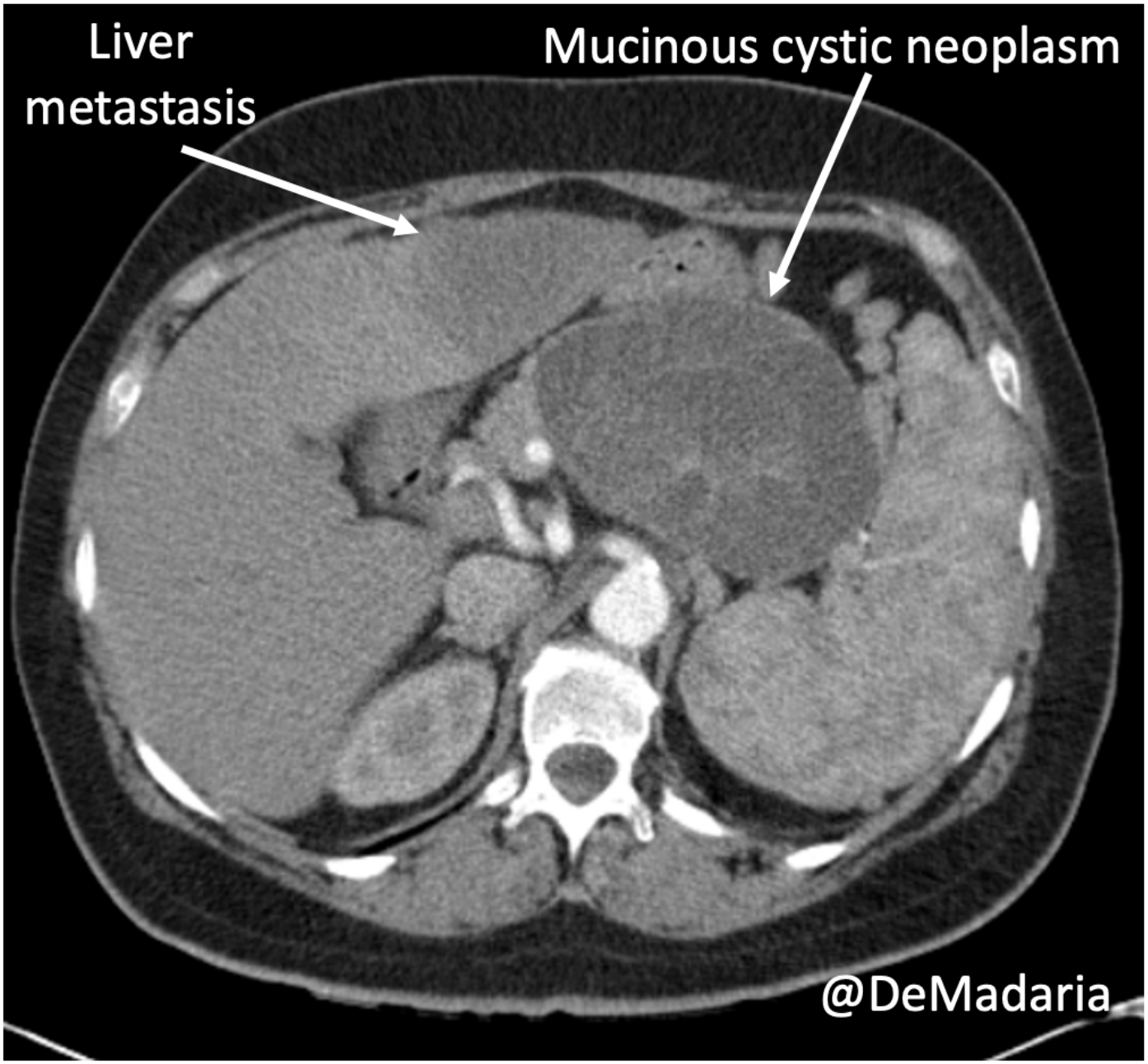
>risk malignancy:

≥5cm

Nodules/mass

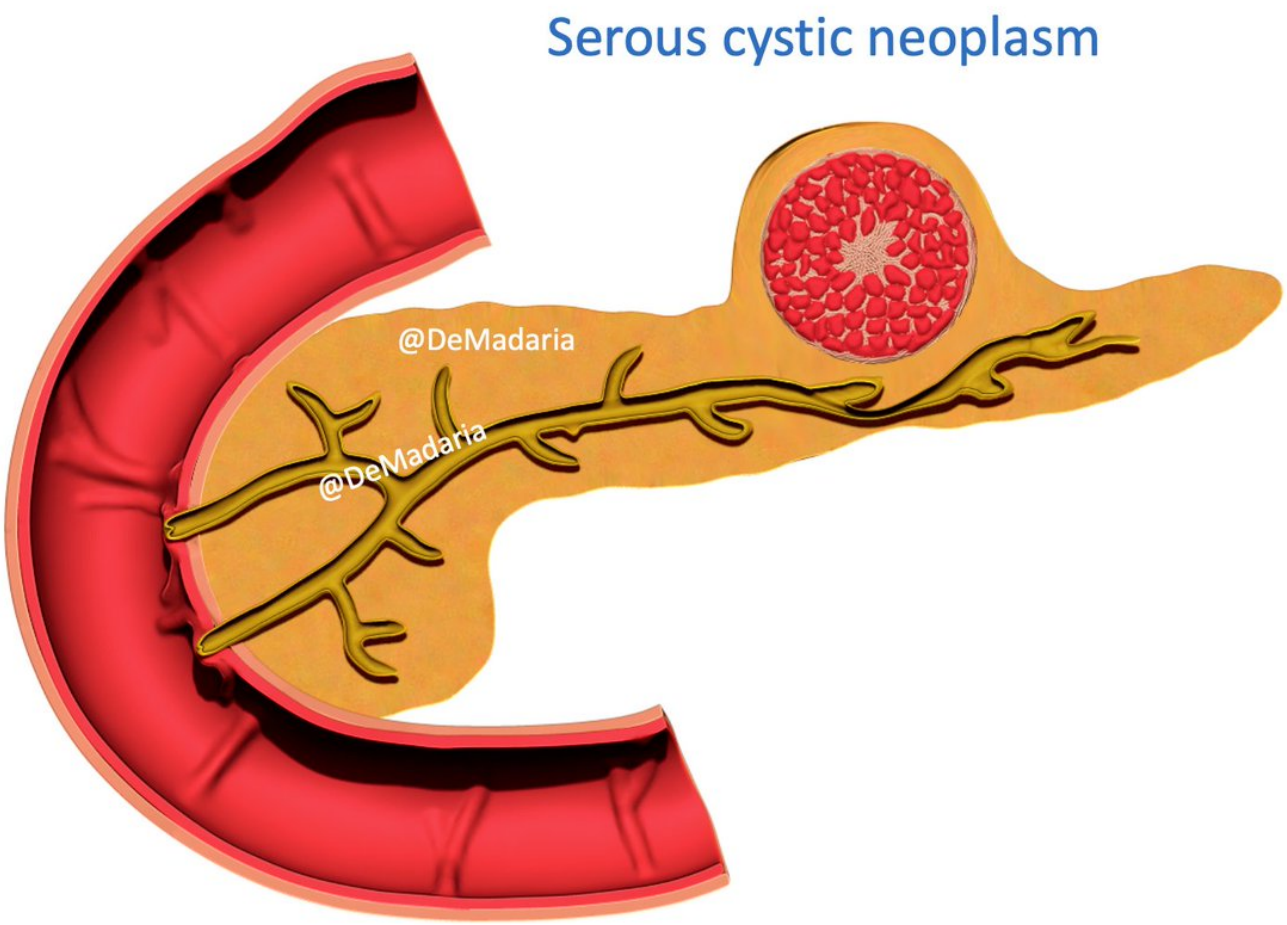
Thickened/irregular Wall

Calcifications



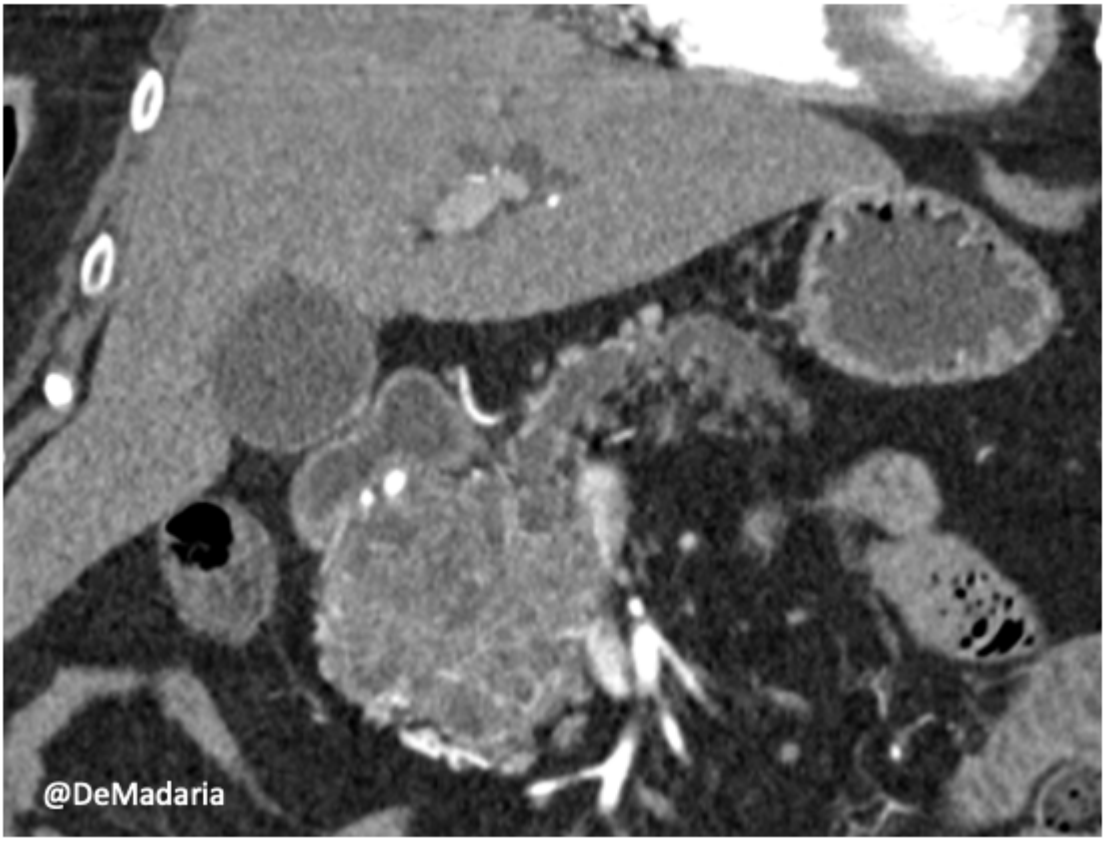
Management of MCN according to the European guidelines: a conservative approach is recommended for asymptomatic MCN measuring <40 mm without an enhancing nodule
https://t.co/x8waod12xr
@chiaro_del @MarcBesselink @Gut_BMJ

Serous cystic neoplasm (SCN). Cuboidal epithelium without dysplasia
70% women, 5-7th decades, NON-MUCINOUS solitary lesion
Classic SCN is microcystic (multiple small cysts, honeycomb-like) but can be macrocystic or solid. A central scar or calcification can be present



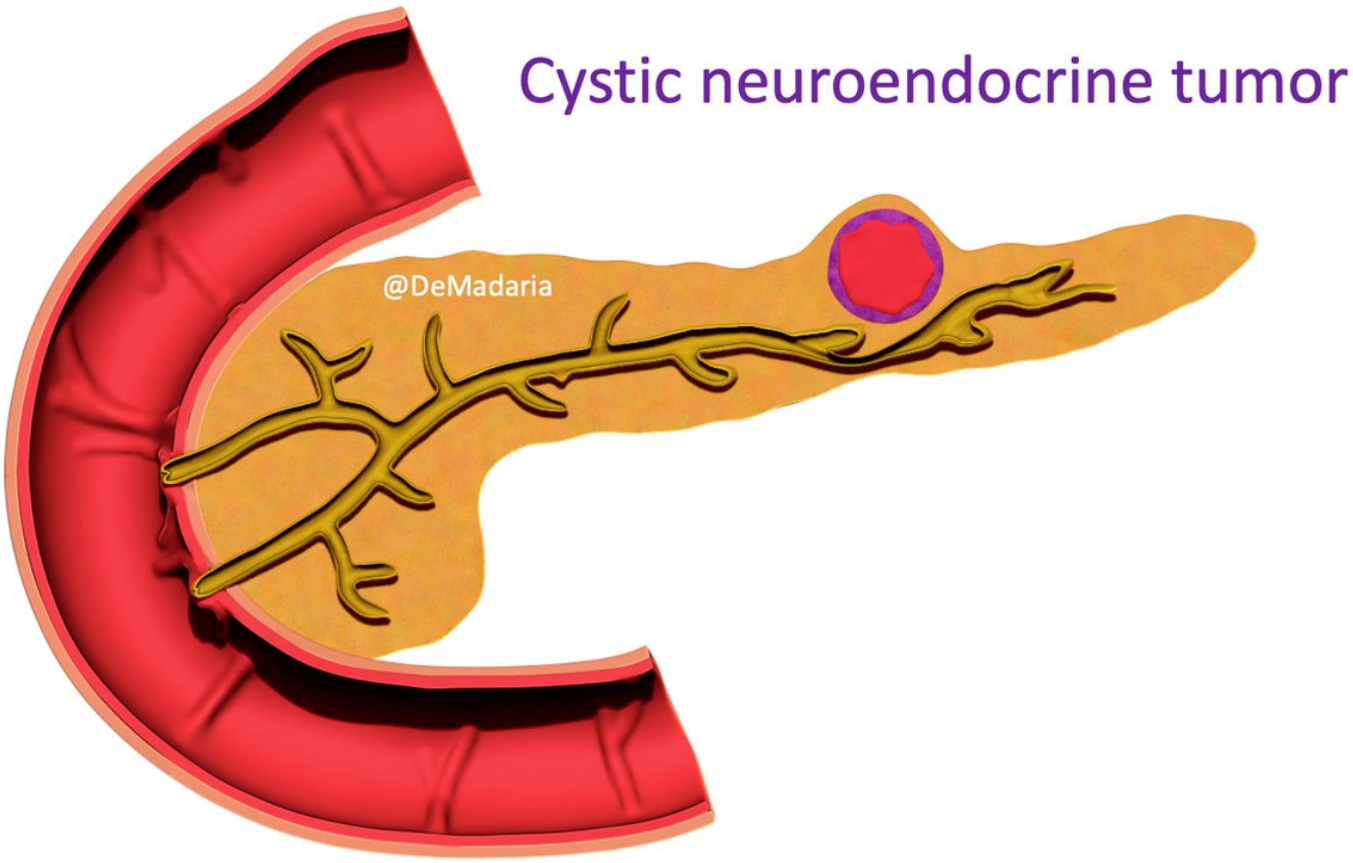
SCN management: remove only if symptoms, for example this case from @Dhgua, the patient had jaundice due to a a massive SCN, a Whipple procedure was performed

Jaundice due to serous cystic neoplasm



Cystic neuroendocrine tumor

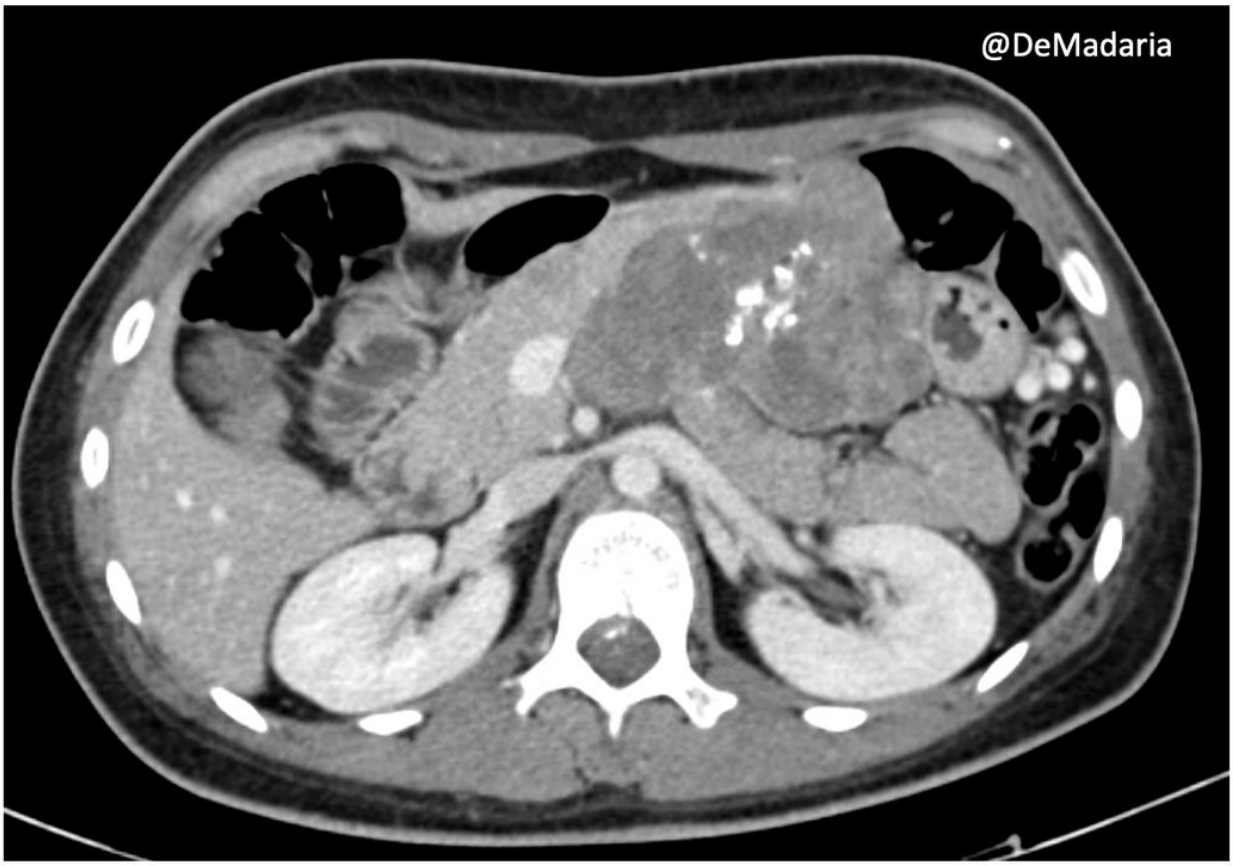
It is a pancreatic NET with a central cystic changes. Solitary lesion, 5-6th decades, frequently with wall contrast enhancement, 10% malignant potential



Cystic neuroendocrine tumor management: asymptomatic and <2 cm you may follow the patient https://t.co/8EhhAet35T
It seems that these cystic NET are less aggressive than solid NET

Finally,solid pseudopapillary neoplasm
They have malignant potential(15%), >risk if >5 cm
Young women=90% (2-3rd decades),body/tail.Solid and cystic solitary masses, calcifications,often with intracystic bleeding.They can spread to the peritoneum or distant organs like the liver

Solid pseudopapillary neoplasm



This twitter thread was based on:
https://t.co/dAuGI0qzLK
https://t.co/x8waod12xr
https://t.co/Ywp7zQF2wE
And Pancreatic cystic neoplasms, several articles from @UpToDate Editors: JR Saltzman S Grover Authors: Asif Khalid, MDKevin McGrath, MD https://t.co/nYN3MKTnl8

If you liked this twitter thread, please retweet the first tweet and follow me! #PancreasTwitter

I hope you enjoyed it, it took me a lot of effort to do this! ■

@drdalbir @BilalMohammadMD @KralJan @drkeithsiau @MZorniak @DCharabaty @RashidLui @SunilAminMD @SanchezLunaMD @stevenbollipo @Samir_Grover @RishadJkhan @drmoutaz @RodriguezParra_