CASE 2
31 Y/O WOMAN

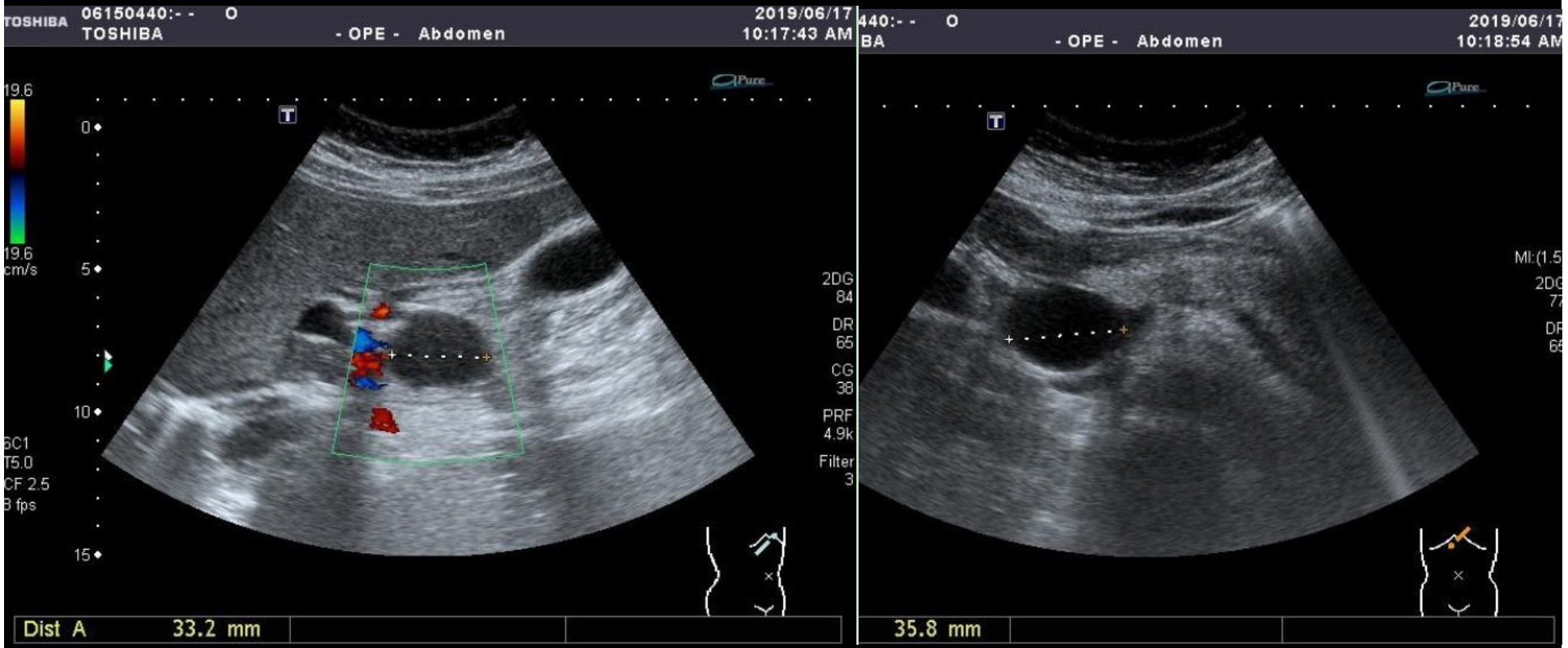
Brief history

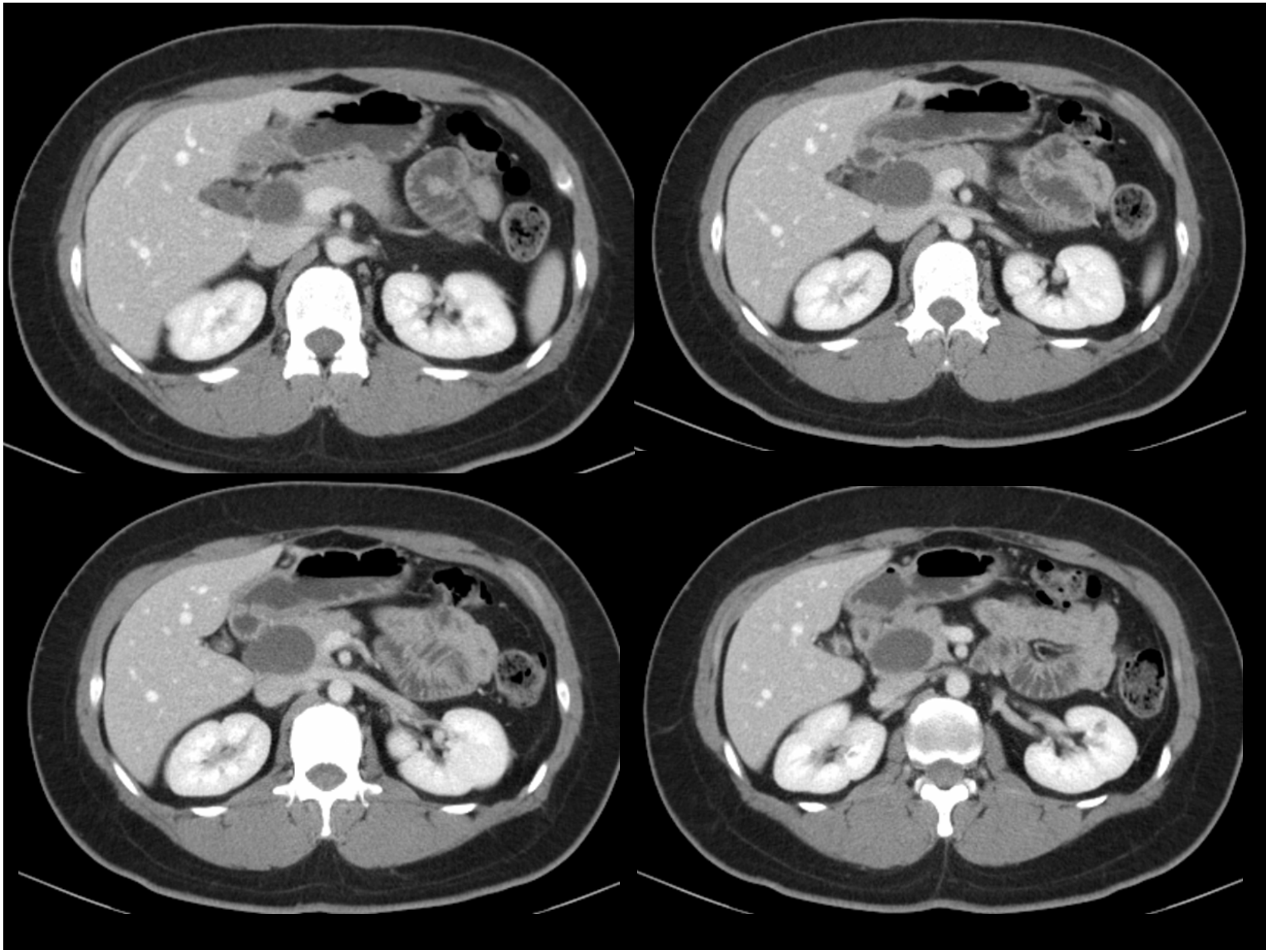
- 31 y/o woman
- Chief complain: Told to have pancreatic lesion during health examination. For consultation.
- PHx: None
- PE: No discomfort. No tenderness.

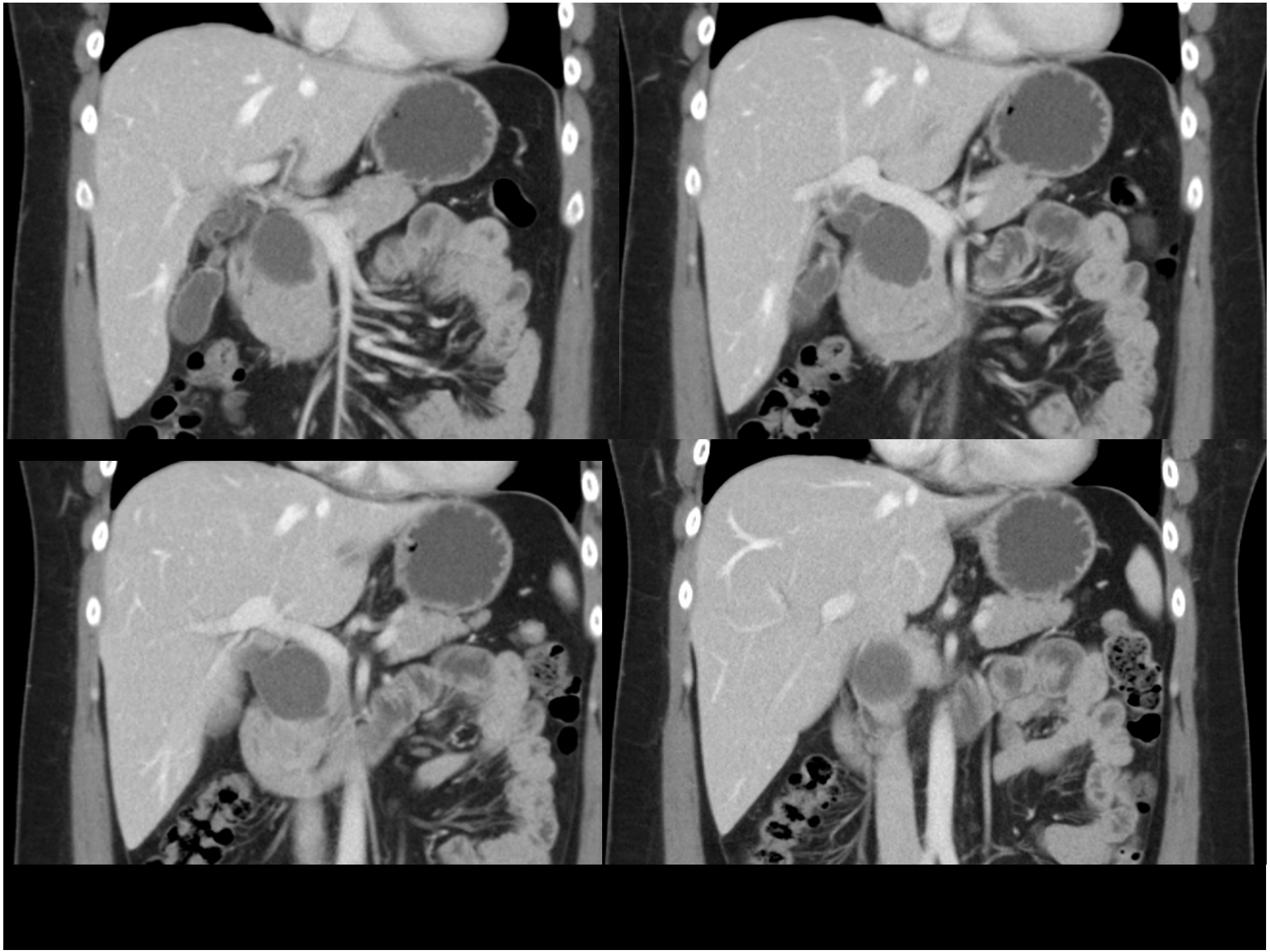
Imaging studies

- Abdomen sonography
- Abdomen CT (NoC + C)
- Abdomen MRI (NoC + C)

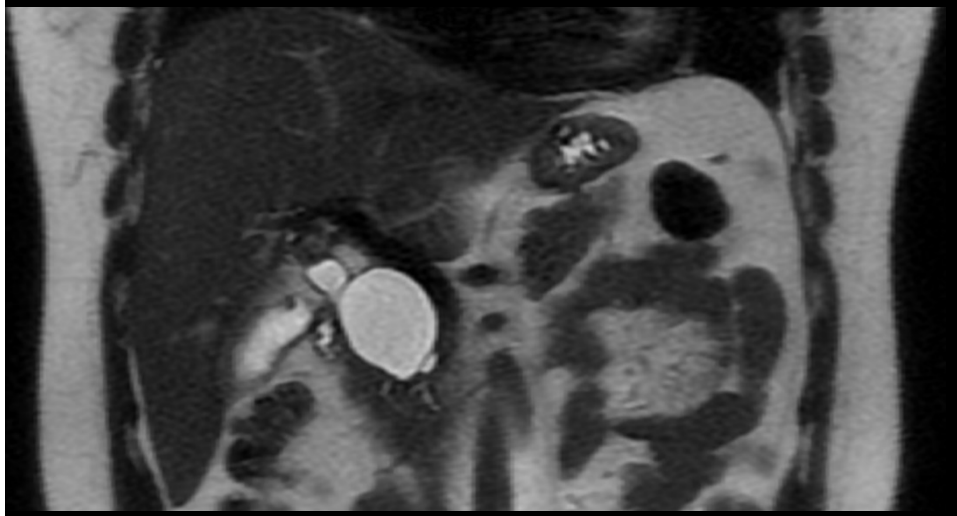
Abdomen sonography



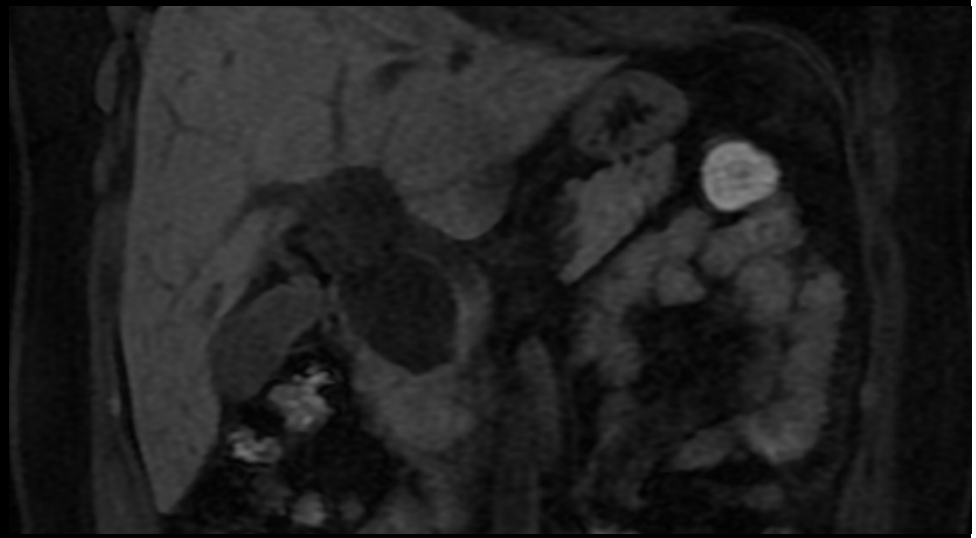




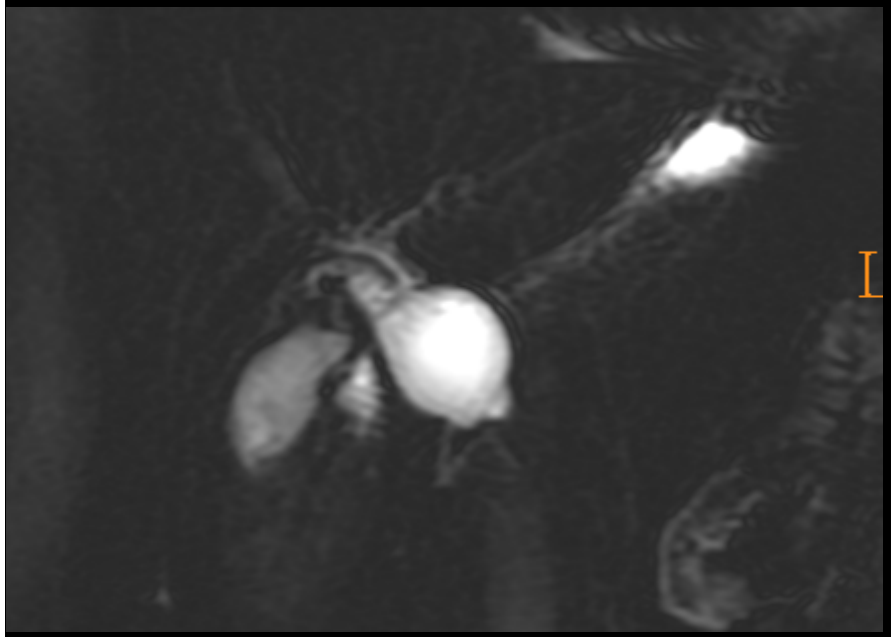
T2



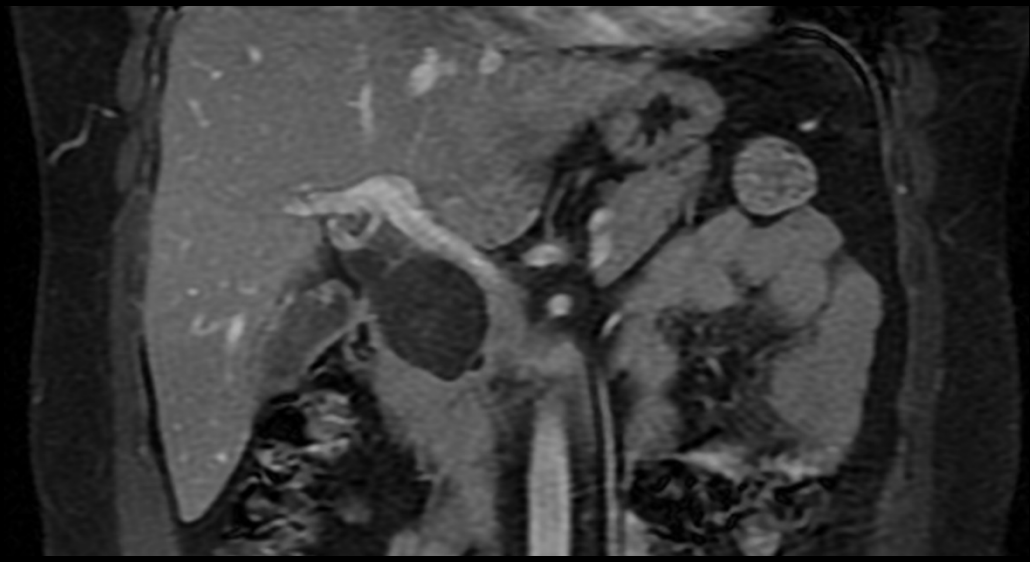
T1



MRCP



T1+C



- DDx:
  - Choledochal cyst, type 1
  - Duodenal diverticulum
  - Pancreatic cystic lesions
    - Simple pancreatic cyst (rare, most at tail)
    - Pancreatic pseudocyst (post-pancreatitis)
    - intraductal papillary mucinous neoplasm (IPMN) (Head~50%)
    - Serous cystadenoma of pancreas
    - Mucinous cystic pancreatic tumor

Todani classification of choledochal cysts

- Type I~Type V
- Type I and IV cysts: Surgical excision and reconstruction by Roux-en-Y hepaticojejunostomy due to risk of malignancy and complications (e.g., stones, cholangitis)
- Type II cysts: Surgical excision of diverticulum
- Type III cysts: May or may not be treated in asymptomatic patients due to perceived lower risk of malignancy. Symptomatic choledochoceles often treated with endoscopic resection
- Choledochal cysts with intrahepatic involvement (types IV or V): Conservative management with possible need for liver transplantation in some patients

Serous cystadenoma of pancreas

- Old female
- Microcystic adenoma (i.e., classic serous cystadenoma)
  - Honeycomb or sponge pattern with innumerable internal tiny cysts,
- Macrocystic serous cystadenoma (usually unilocular)
  - 10-25% of all lesions

Mucinous cystic pancreatic tumor

- Strong tendency to occur in body and tail of pancreas
- Often very large
- Strong preponderance in middle-aged women (99%)