

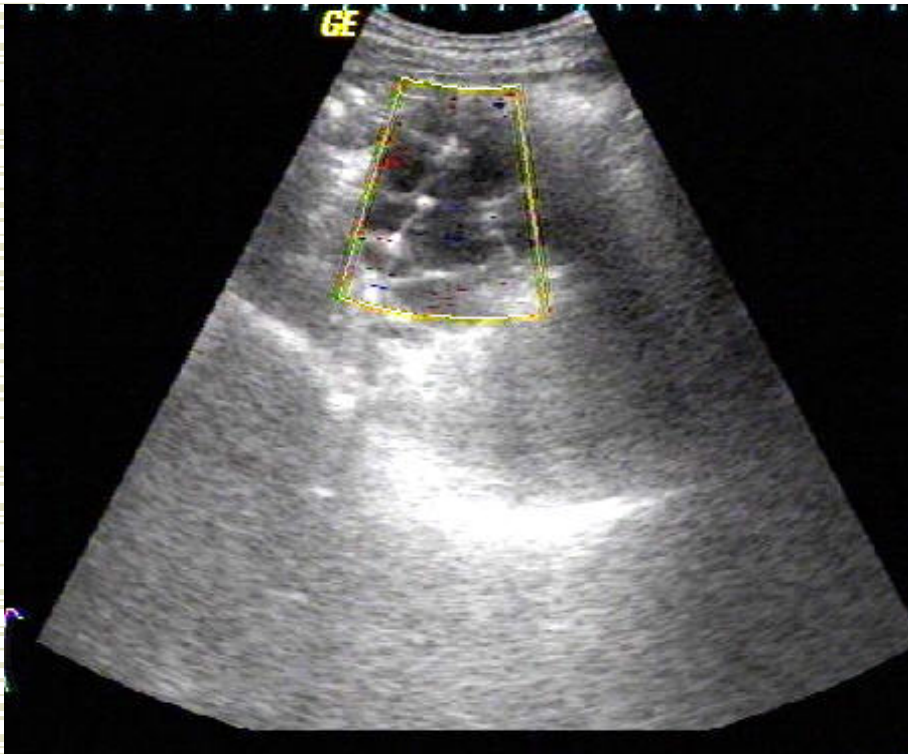
History

- ◆ Sex : female
- ◆ Age : 53 y/o
- ◆ Chief Complaint : mild postprandial fullness for about 2 months

History

- ◆ Positive finding :
 1. LMD sonography on 93/04/01 : abdominal cyst r/o pseudocyst or pancreatic carcinoma
 2. PE : no specific finding
 3. Lab : no specific finding

Image



- ◆ a cystic lesion with a hyperechoic focus in it (7.2 mm) at position of pancreatic tail, max 60.1 mm x 52.4 mm

Image



- ◆ no obvious blood flow noted with doppler scan

Image



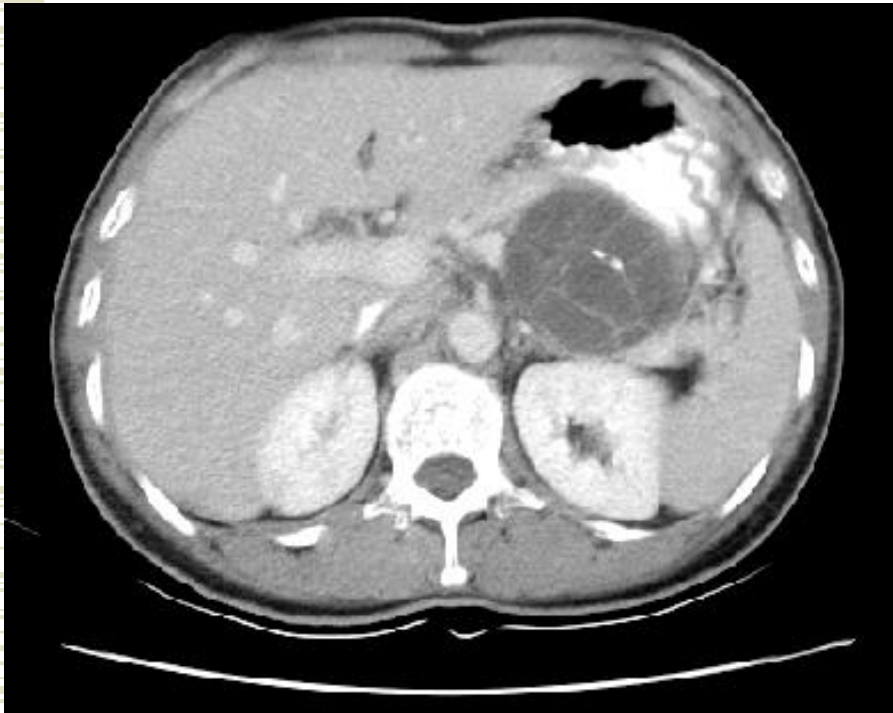
- ◆ A big cystic tumor with multi-septum was found at the body and tail of pancreas.
- ◆ The tumor was measured about 6.6 x 4.9 cm in diameter.

Image



- ◆ a relatively well-defined lobulated pancreatic tail mass (measuring 4.9 cm x 5.6 cm x 5.8 cm in size)
- ◆ enhanced thin septa and containing some curvilinear calcifications are seen.

Image

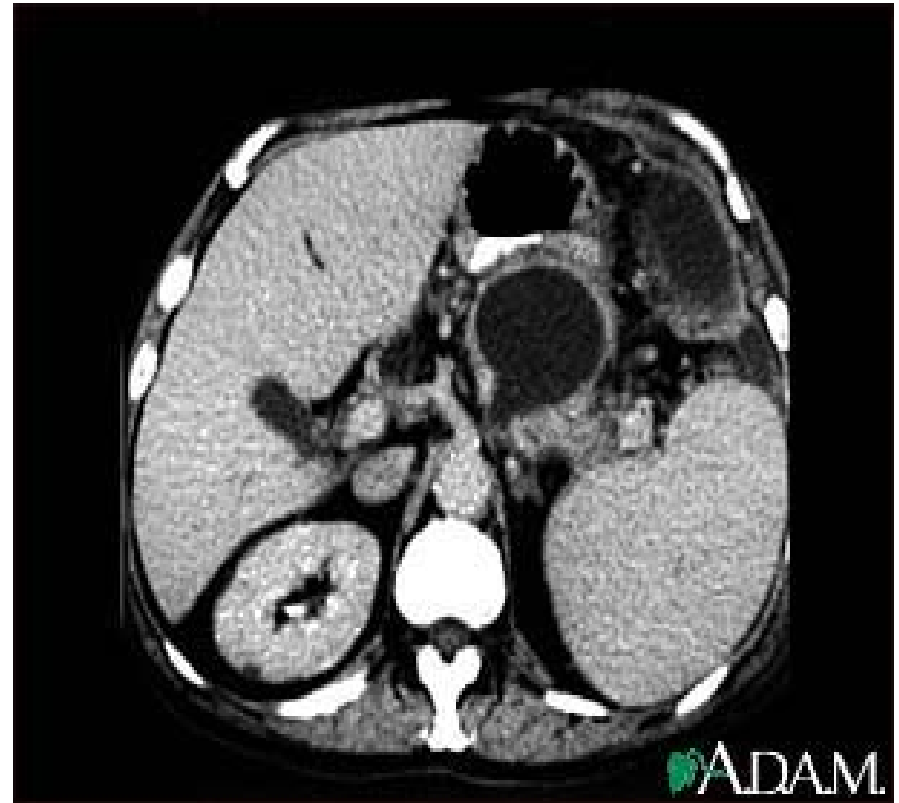
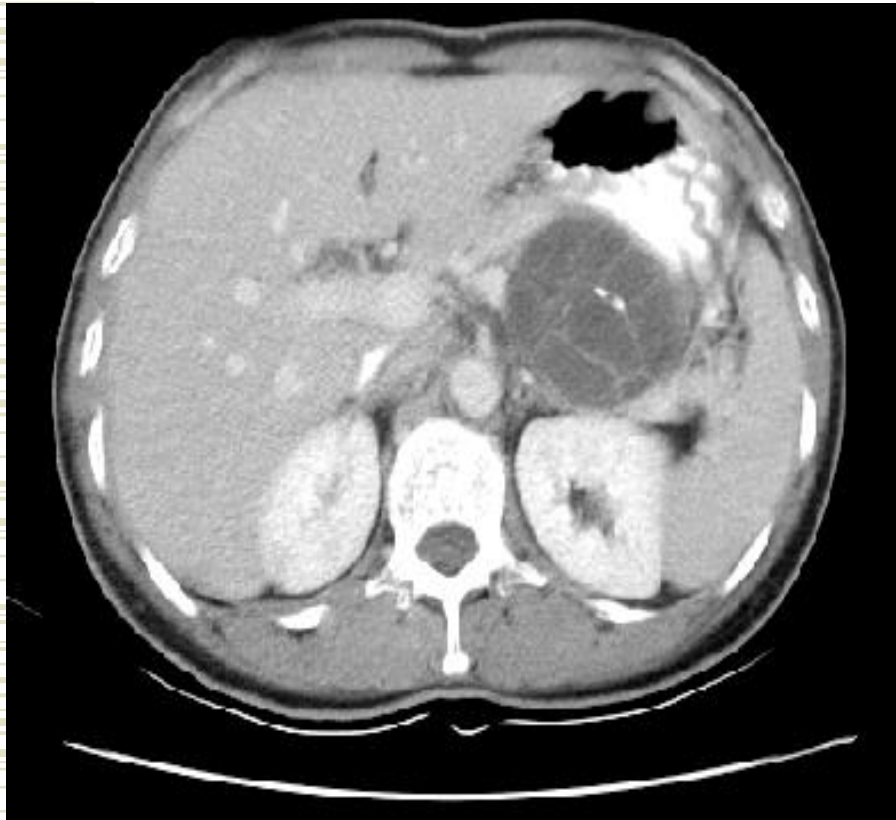


- ◆ a relatively well-defined lobulated pancreatic tail mass (measuring 4.9 cm x 5.6 cm x 5.8 cm in size)
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D/D-Pseudocyst

- ◆ lack of septae, loculations, solid components, or cyst-wall calcifications on CT
- ◆ hypovascularity on angiograms
- ◆ communication between the cyst and pancreatic ducts on endoscopic retrograde cholangiopancreatography (ERCP)
- ◆ Patients with pseudocysts often report a history of acute or chronic pancreatitis.

D/D -Pseudocyst



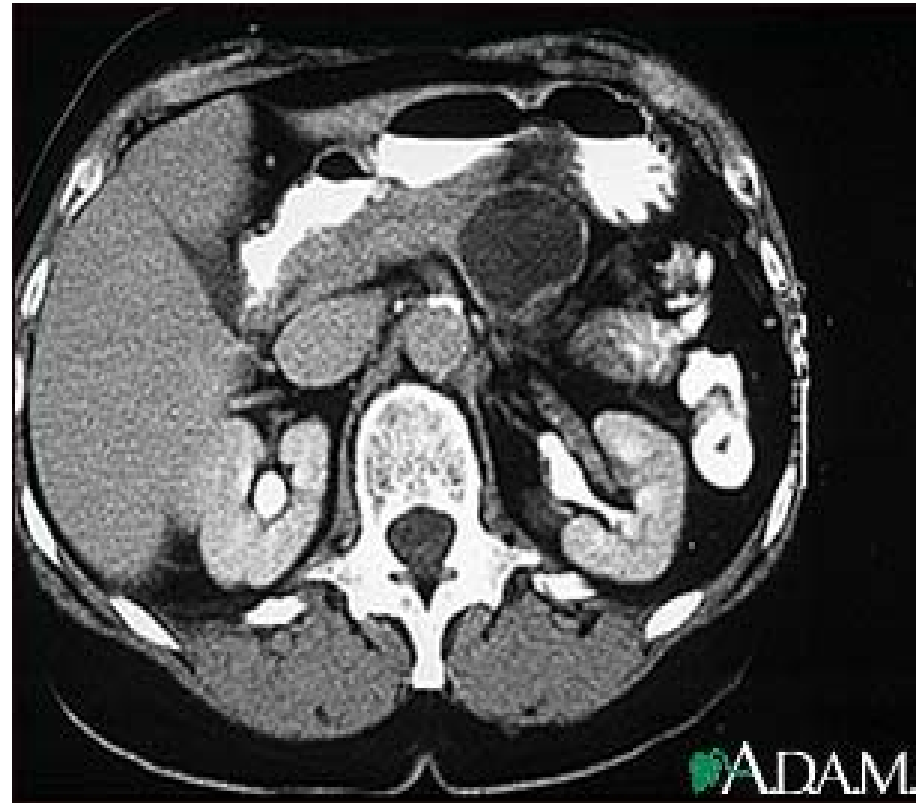
D/D-serous cystadenoma

- ◆ Serous cystadenomas (microcystic adenomas) are the second most common cystic tumors of the pancreas.
- ◆ An association with VHL disease has been described.
- ◆ On CT scans, sunburst central calcification in a spongy mass is pathognomonic of this tumor (10%)

D/D-serous cystadenoma

- ◆ Endoscopic ultrasonography (EUS) allows better resolution of the honeycomb structure than CT.
- ◆ Hypervascularity may be demonstrated on angiograms

D/D-serous cystadenoma

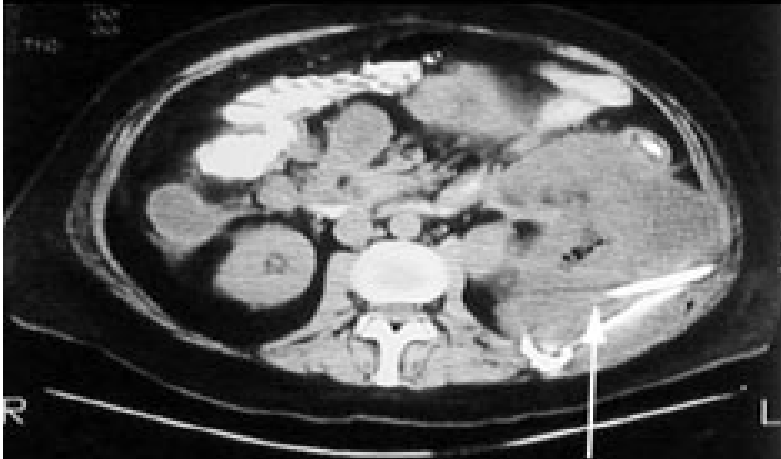


D/D-abscess

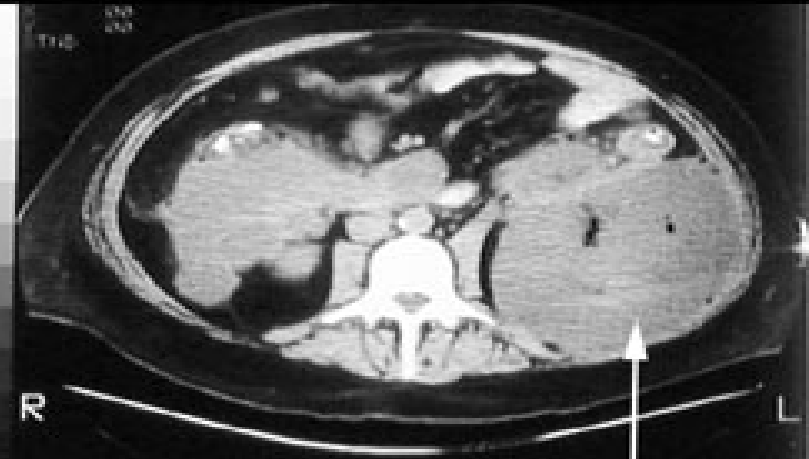
- ◆ On images, these abscesses may appear similar to pseudocysts.
- ◆ The walls may be thick, irregular, and well defined, or the abscess may have no definable wall at all.
- ◆ The sonographic findings are nonspecific

D/D-abscess

PANGREATIC ABSCESS



LARGE FLUID AND AIR COLLECTION WITH A DRAIN.



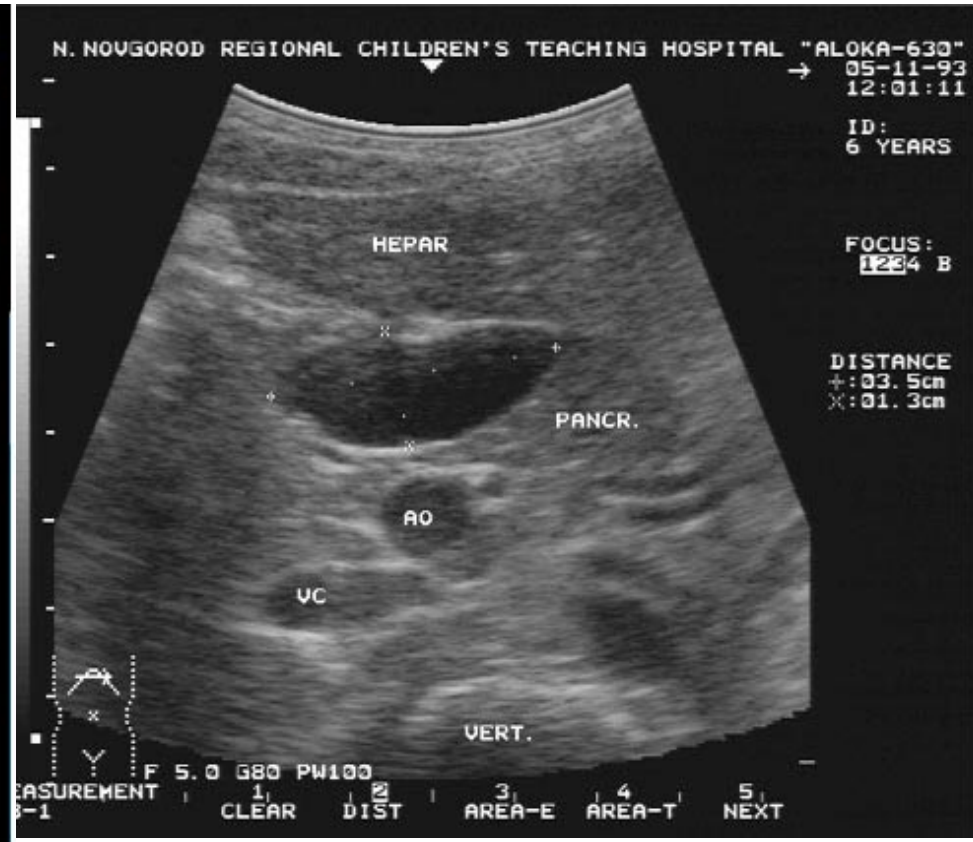
ABSCESS



D/D-benign cyst

- ◆ Asymptomatic simple pancreatic cysts are uncommon.
- ◆ Most congenital pancreatic cysts are discovered in infants and children.
- ◆ On sonograms, congenital cysts appear as well-defined
- ◆ These cysts are usually small (1-2 cm in diameter) and asymptomatic.

D/D-benign cyst



OP finding

- ◆ Identify the pancreatic tumor after dissected the gastocolic ligament into lesser sac
- ◆ Tumor : 6*6 cm, cystic mass, well defined
- ◆ Impression : pancreatic tail tumor r/o malignancy

Pathology

- ◆ Report : Multicystic lesion with clear fluid and mucinous substance. Microscopically, it shows a picture of mucinous cystic neoplasm composed of separate cystic space.
- ◆ Impression : Pancreatic distal mucinous cystic neoplasm

Discussion

- ◆ Type :
 1. Peripheral : mucin-producing cystadenoma or cystadenocarcinoma
 2. Ductal : intraductal papillary mucinous tumor
- ◆ Sex : Women are predominately affected
- ◆ Age : 55 y/o for MCN and 65 y/o for IPMT

Discussion

- ◆ Histologic feature :
 1. Predominate in the body and tail
 2. 40-50 % of cystic pancreatic tumor
 3. Arise from oversecretion of mucus
 4. Accurate diagnosis requires complete surgical resection and pathology

Discussion

- ◆ Symptoms and signs :
 1. Non-specific abdominal pain of mass effect
 2. May have a history of weight loss or jaundice
 3. CEA may be increased

Discussion

- ◆ Image :

1. 10-15 % calcification
2. CT showed internal septation, larger cyst (> 20 mm), less numerous (usually < 6)
3. Sonography showed that cyst walls are composed of thick, fibrous stroma
4. Angiography showed hypovascular. The only vascularity present is in the walls.

Discussion

Test	Sensitivity	Specificity	Useful in staging
Ultrasound	80	90	No
Endoscopic ultrasound	90	90	Yes
CT scan	90	95	Yes
ERCP	90	90	No
MRI scan	90	90	No
Fine needle aspirate	75	98	No

Discussion

- ◆ Mortality :

1. Long-term survival is generally better than adenocarcinoma of pancreas
2. Aggressive resection is required in most patients
3. Unresectable malignant tumors is as bad as that of an unresectable ductal adenocarcinoma