



A Single Centre Retrospective Case series of Surgically Resected Main duct-IPMN of the Pancreas in the U.K: The Leeds Experience

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OVERVIEW

- IPMN represent 25% of all cystic neoplasms of the pancreas
- Majority are incidentally detected
- Premalignant & precursor lesions for pancreatic ductal adenocarcinoma
- Malignant transformation is reported to occur in up to 65% of cases. (Wolfgang, 2016)
- No clear protocol for management, best modality of imaging/ detection, variable institutional preferences
- 2018 European Consensus guidelines – High risk features. ([European Study Group on Cystic Tumours of the Pancreas](#))
- CA19-9 and EUS guided cyst fluid analysis to identify High grade dysplasia & invasive malignancy

METHODS & RESULTS

Retrospective review of 39 consecutive MD-IPMN patients undergoing surgical resection.

Mean main pancreatic duct diameter 9.6mm

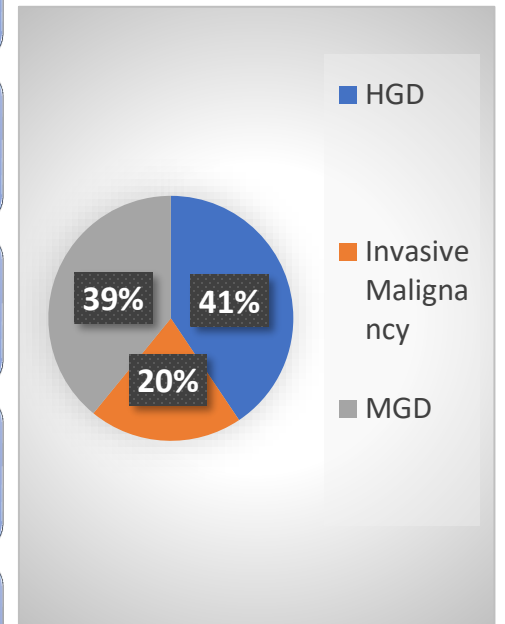
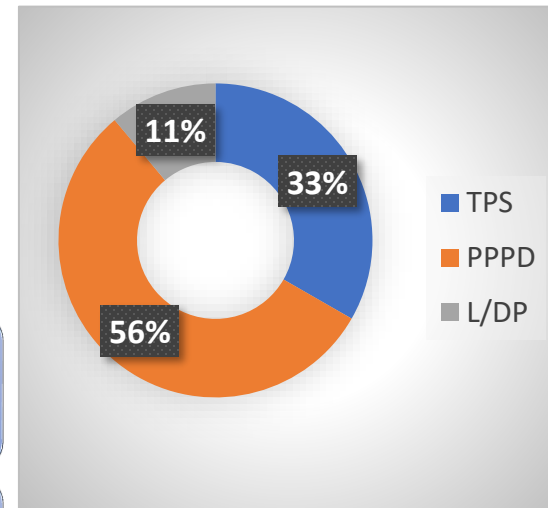
High risk Mural nodules on pre-operative imaging in all 39 patients undergoing resection.

Histopathology –High grade dysplasia – no lymph node(LN)/perineural/vascular involvement.

Histopathology - Invasive malignancy – all cases had LN/perineural & vascular involvement.

51.2% of resected specimens had cystic lesion in the head of pancreas >3cm.

3 cases of systemic recurrence occurred in patients with invasive adenocarcinoma on post-op histopathology.



CONCLUSION

- High grade dysplasia (HGD) has a risk of progression to invasive malignancy, however in our case series so far there were no local or systemic recurrences in these patients.
- Risk of recurrence is high in those with post operative histology of invasive adenocarcinoma in the resected specimen.
- Intraoperative frozen section of the transection margin is a reliable tool in guiding level of pancreatic transection.
- We recommend patients undergoing PPPD / Left pancreatectomy should undergo annual MRI surveillance of the remanent pancreas.
- Presence of mural nodules, Cyst diameter of >3cm and PD diameter of >10mm are risk factors for malignant transformation in Main duct IPMN of the pancreas.

References:

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