

Non invasive diagnosis and anatomo-clinical correlations of macrocystic pancreatic neoplasia

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Pancreatic cystic tumors represent an heterogeneous group of neoplasms with a various clinical outcome. The incidence of these neoplasia is growing if compared with the past and this is mainly due to the larger use of more and more performing imaging techniques. The role of MRI and in particular of Cholangio-Pancreato Magnetic Resonance (CPMR) seems to be fundamental in the characterization of these cystic lesions. Between May 2009 and May 2011 a hundred and seventy six (176) patients with a suspect cystic lesion of the pancreas were evaluated. All patients had already undergone ultrasound and/or CT scan. CPMR was realized in each patient. Among these patients we only considered 51 without neither solid lesions or pseudocysts nor clear signs of malignancy. We found 10 Serous Cystic Tumors (SCT), 7 Mucinous Cystic Tumors (MCT) and 34 Intraductal Papillary Mucinous Neoplasia (IPMN). Thirty two (32) out of 34 IPMN revealed at CPMR a communication with the main pancreatic duct. This sign is pathognomonic of these lesions. CPMR seems to be mandatory to discriminate IPMN among the other pancreatic cystic neoplasia. Its role is fundamental for an early diagnosis and to give the best chance of cure in these aggressive and insidious tumors.

Keywords: Pancreatic Cysts, intraductal papillary mucinous neoplasia (IPMN), cholangio-pancreato, magnetic resonance imaging (CPMRI).