

## Twitter Thread by Enrique de-Madaria



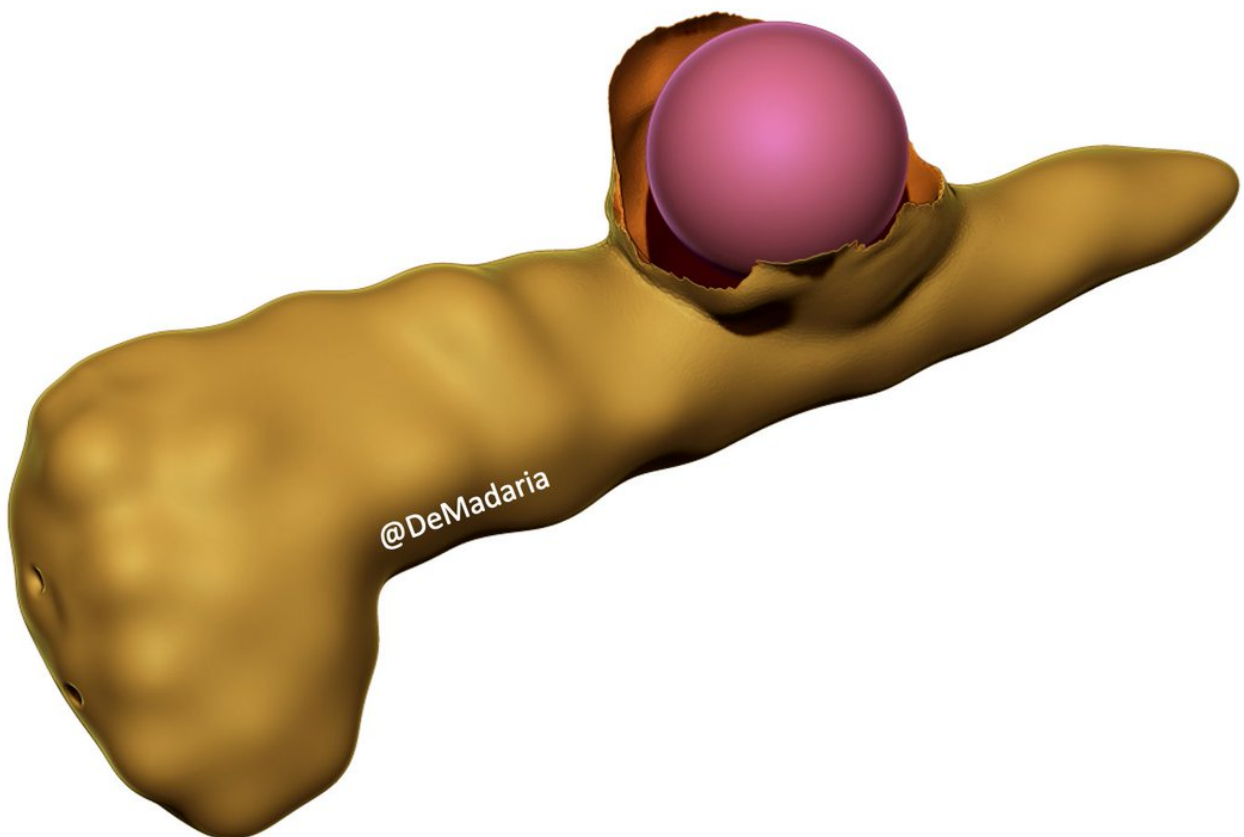
**Enrique de-Madaria**

[@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?**

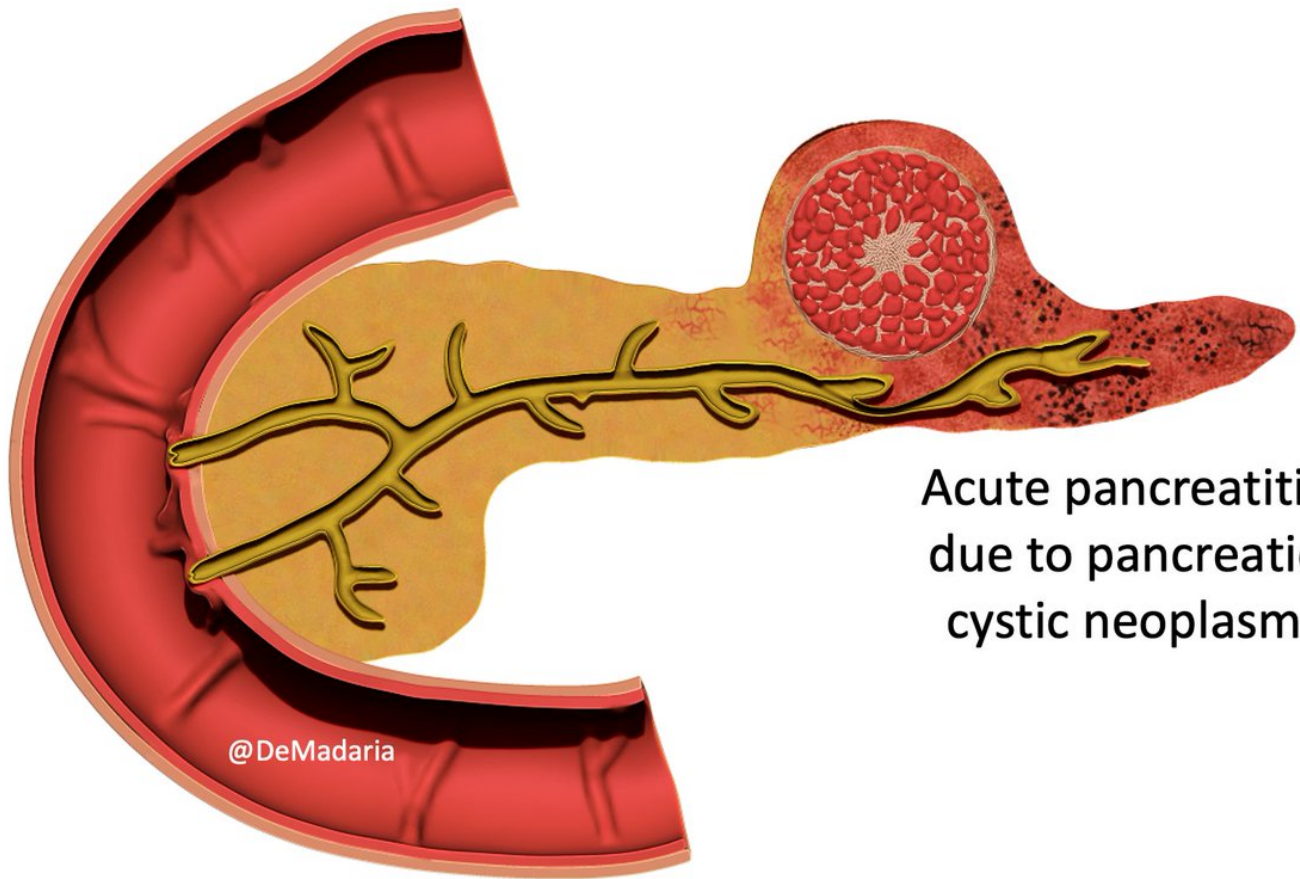
**Don't miss this [@aegastro](#) [@my\\_ueg](#) #EducAEG #UEGambassador twitter thread**



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!



Acute pancreatitis  
due to pancreatic  
cystic neoplasm

Classification of PCN:

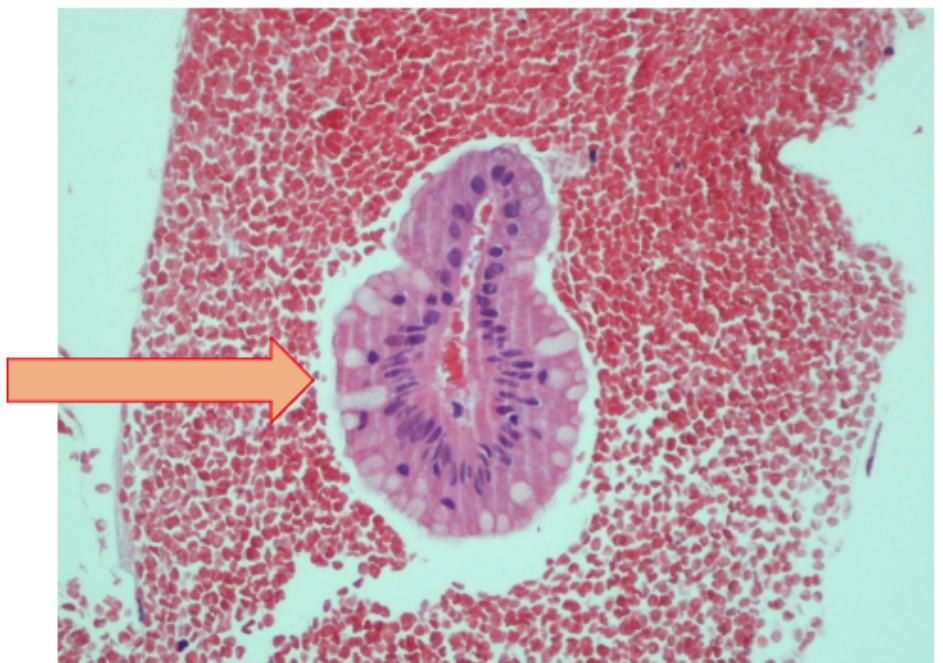
Mucinous: intraductal papillary mucinous neop. and mucinous cystic neop.

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

Endoderm- derived columnar epithelium is characteristic for mucinous lesions



Endoderm- derived  
columnar epithelium  
EUS-FNA of a IPMN



## 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



Spy-glass real papillae



### IPMN subtypes :

Intestinal: main duct, head, 40%→colloid/tubular adenoca

Pancreatobiliary: main duct,head, 68%→tubular adenoca

Oncocytic: rare, nodules,50%→ colloid/tubular adenoca

Gastric: most frequent, branch-type, uncinata, 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

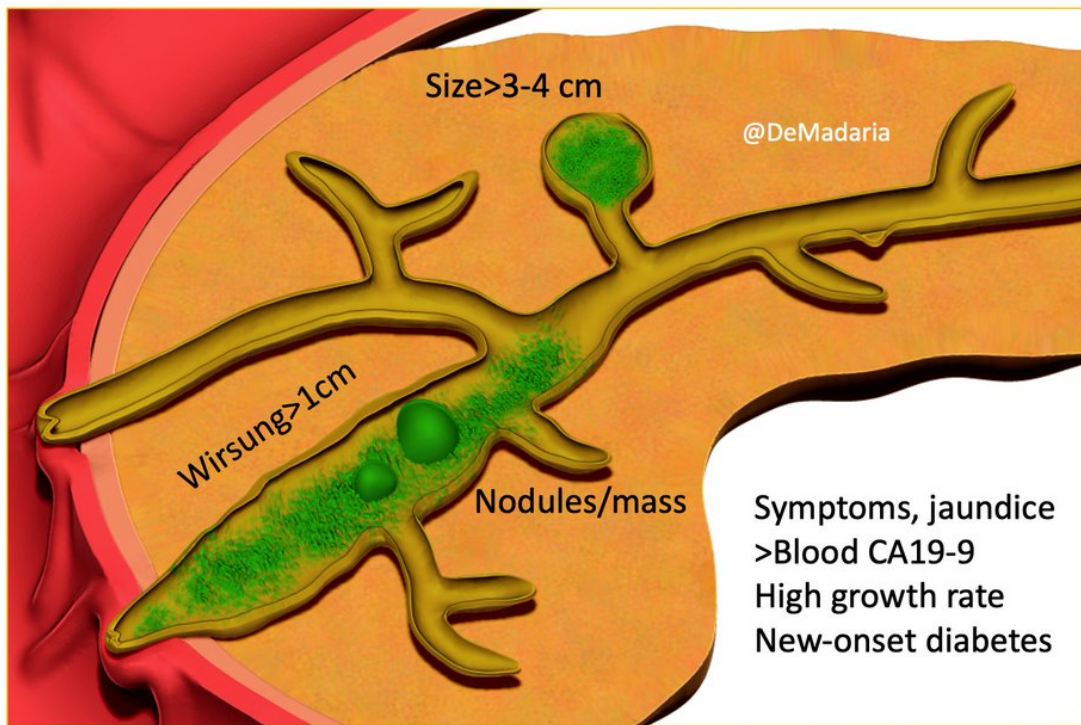
Size>3-4cm

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)

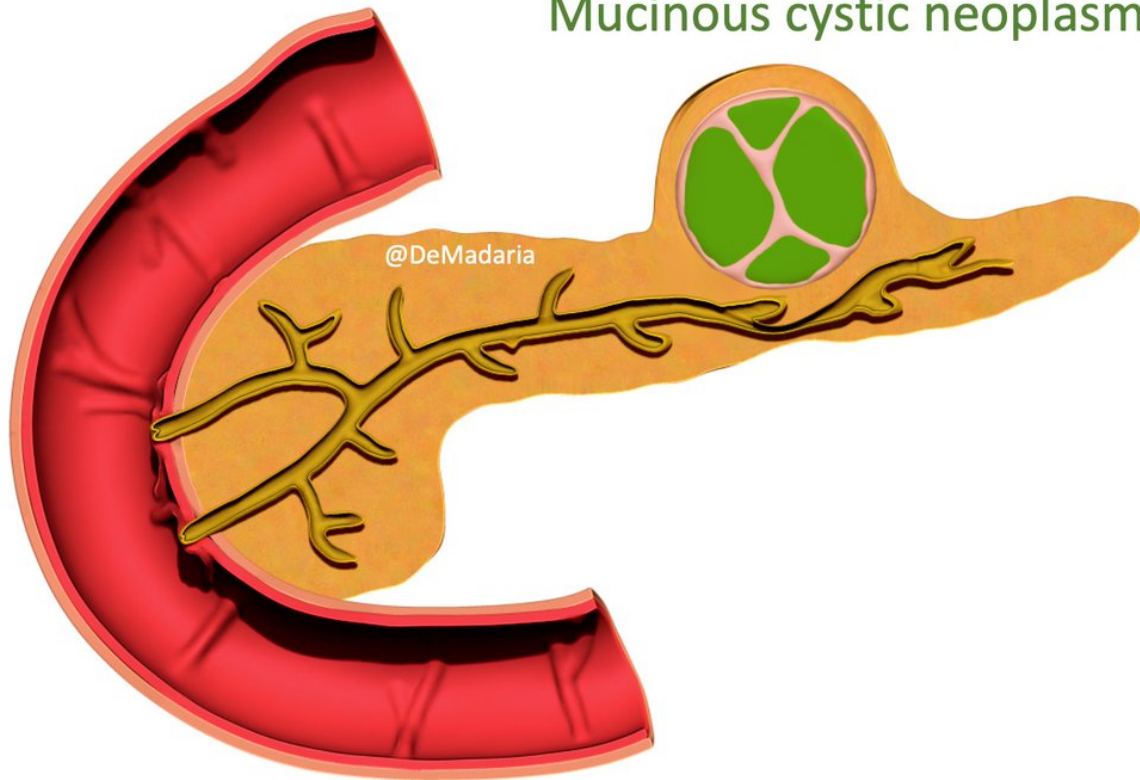
Characterized by mucinous epithelium and ovarian-type stroma, in body/tail

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



## Mucinous cystic neoplasm



MCN:

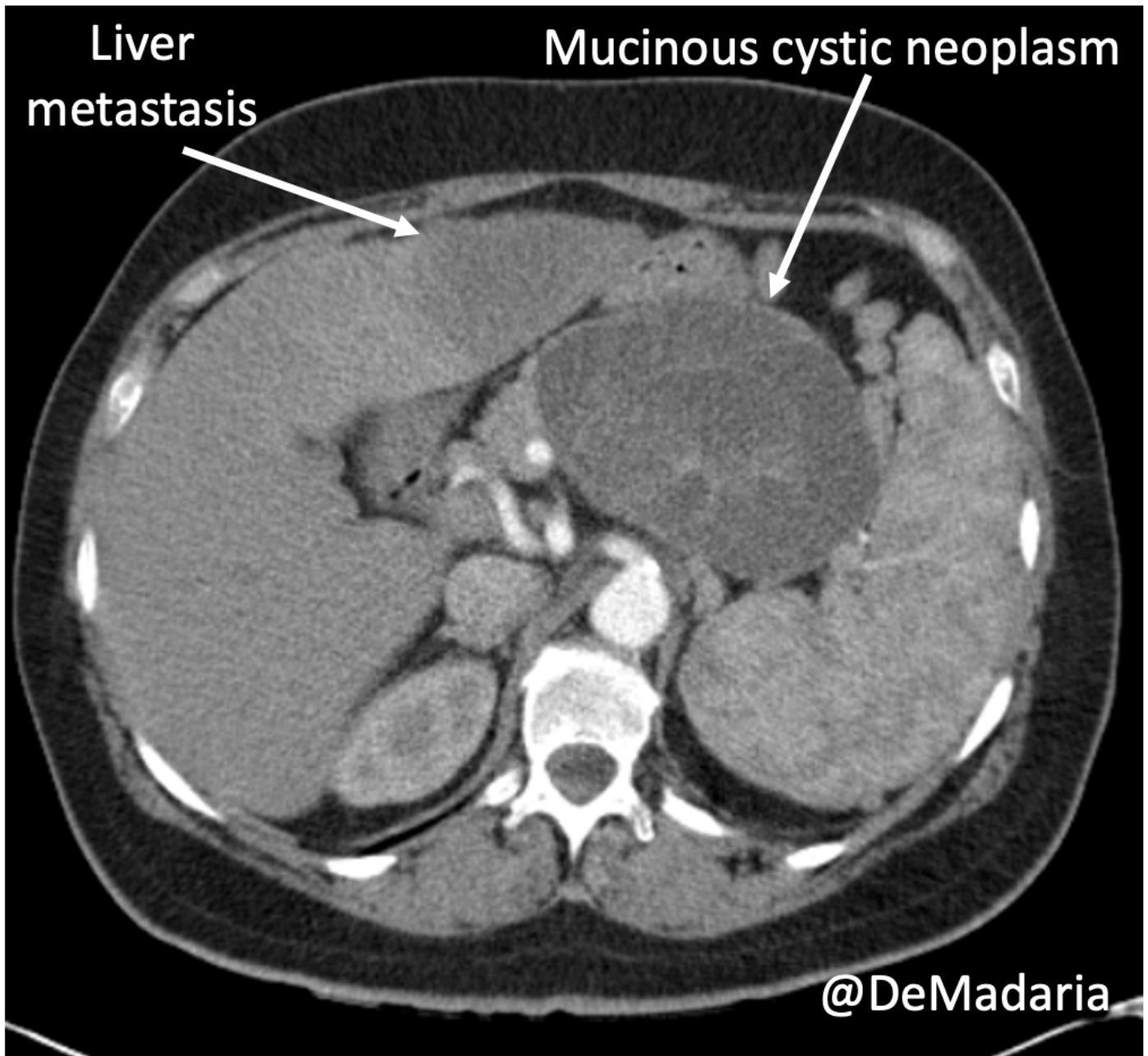
>risk malignancy:

$\geq 5\text{cm}$

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>

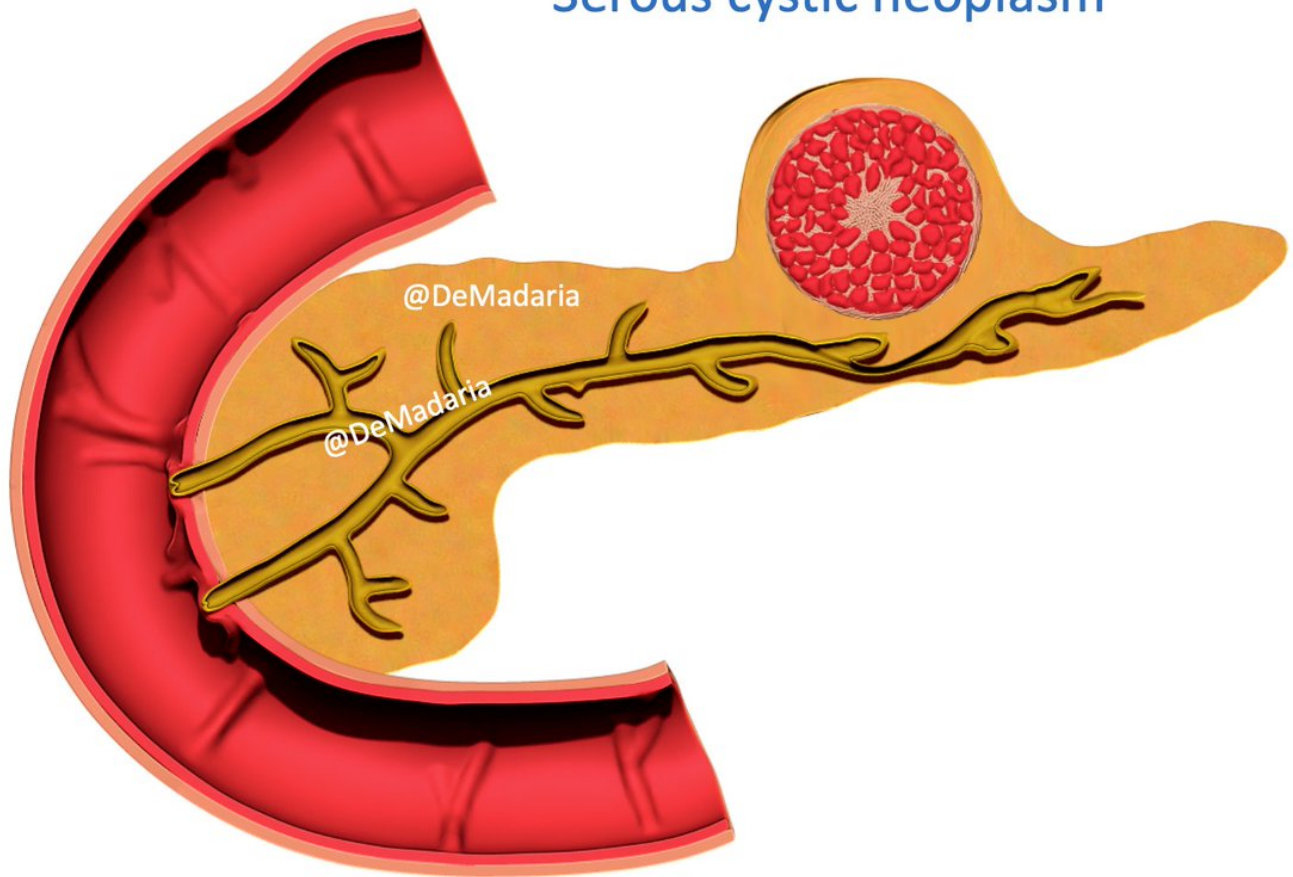
[@chiaro\\_del](#) [@MarcBesselink](#) [@Gut\\_BMJ](#)

Serous cystic neoplasm (SCN). Cuboidal epithelium without dysplasia

70% women, 5-7th decades, NON-MUCINOUS solitary lesion

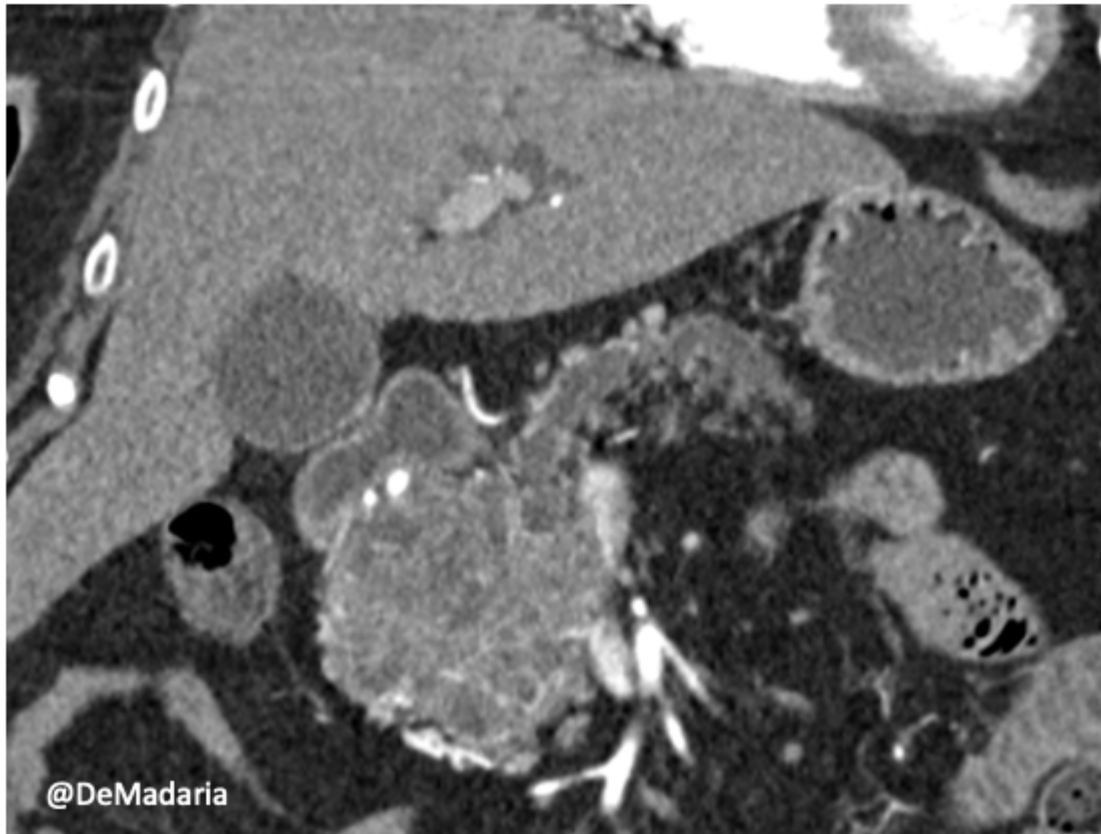
Classic SCN is microcystic (multiple small cysts, honeycomb-like) but can be macrocystic or solid. A central scar or calcification can be present

## Serous cystic neoplasm



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

## Jaundice due to serous cystic neoplasm

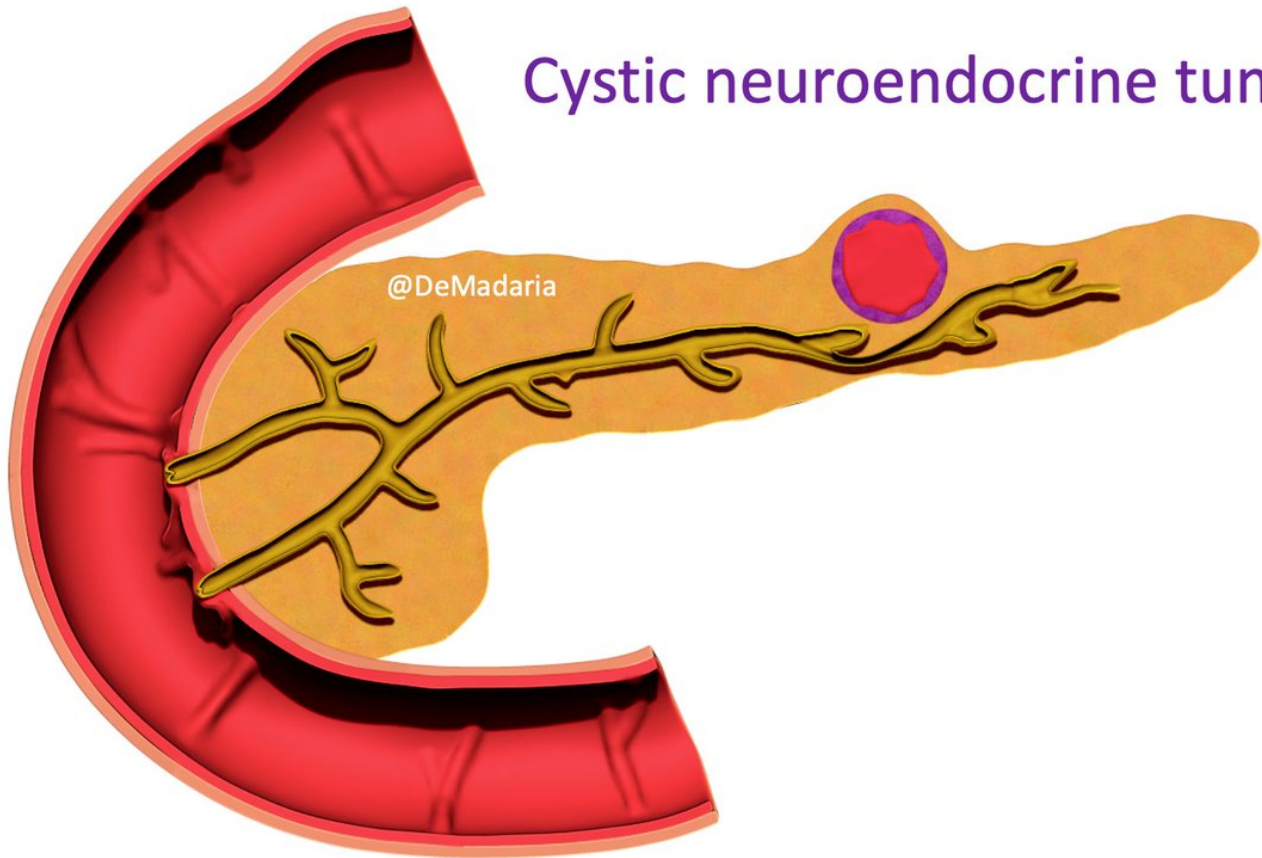


Cystic neuroendocrine tumor

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



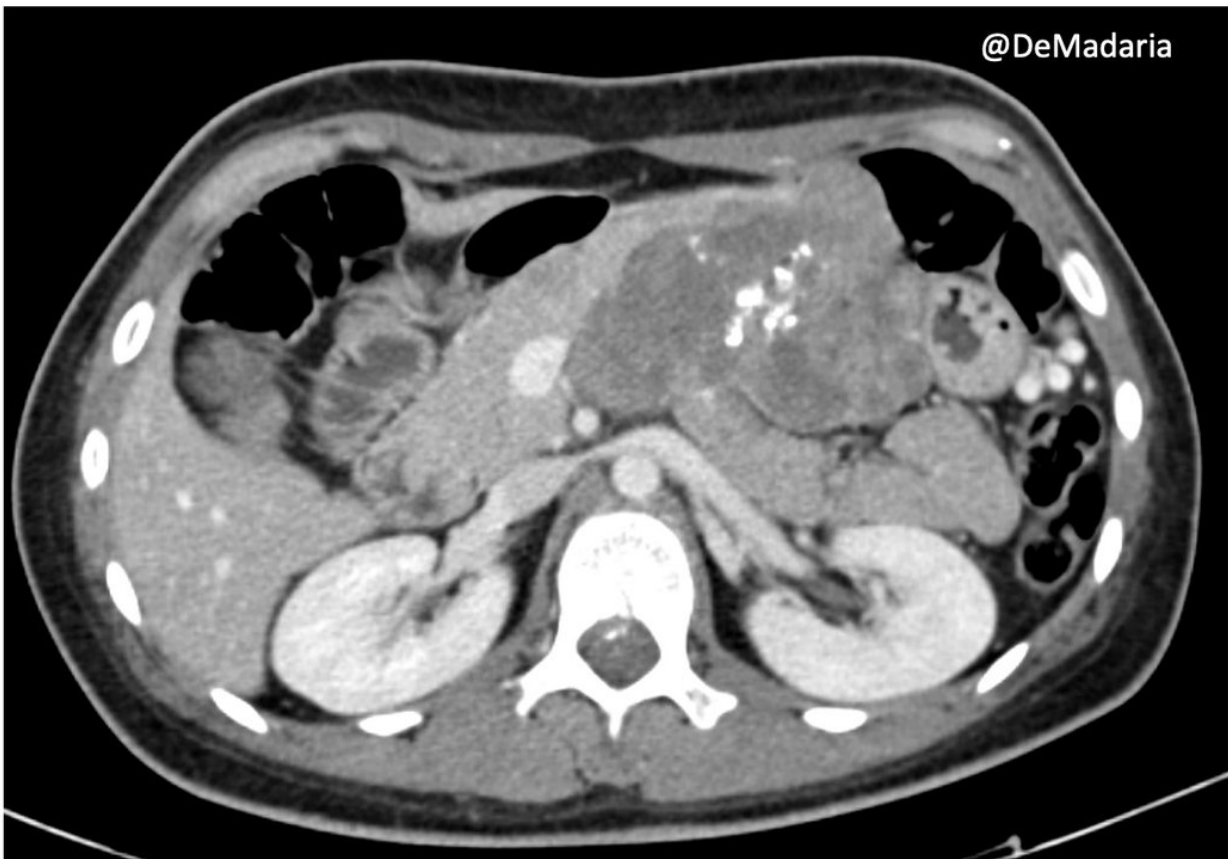
Cystic neuroendocrine tumor management: asymptomatic and  $<2$  cm you may follow the patient <https://t.co/8EhhAet35T>  
It seems that these cystic NET are less aggressive than solid NET

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/nYN3MKTnI8>

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! ■

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