

Cystic Pancreatic Lesions

Pancreatic cysts are common findings on MRI. The approach to decision making and interpretation involves a combination of clinical assessment, classification of imaging findings to establish the most likely pathologic diagnosis. The establishment of a definitive pathologic diagnosis with imaging is often not possible and there is a high frequency of insignificant benign or indolent pancreatic cysts. As a results there is a danger of overutilization of imaging followup. Guidelines are being established to guide the management of patients with pancreatic cysts and these are reviewed with case examples

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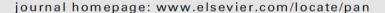


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Review article

International consensus guidelines 2012 for the management of IPMN and MCN of the pancreas

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Are any of the following high-risk stigmata of malignancy present? i) obstructive jaundice in a patient with cystic lesion of the head of the pancreas, ii) enhancing solid component within cyst, iii) main pancreatic duct ≥10 mm in size Yes No Are any of the following worrisome features present? Clinical: Pancreatitis a Consider surgery, Imaging: i) cyst >3 cm, ii) thickened/enhancing cyst walls, iii) main duct size 5-9 mm, iii) non-enhancing if clinically mural nodule iv) abrupt change in caliber of pancreatic duct with distal pancreatic atrophy. appropriate If yes, perform endoscopic ultrasound No Are any of these features present? What is the size of largest cyst? No i) Definite mural nodule (s)b Yes ii) Main duct features suspicious for involvement c Inconclusive iii) Cytology: suspicious or positive for malignancy >3 cm 1-2 cm 2-3 cm <1 cm CT/MRI CT/MRI EUS in 3-6 months, then Close surveillance alternating yearly x 2 years, lengthen interval alternating MRI MRI with EUS every 3-6 months. in 2-3 years d with EUS as appropriate. d Strongly consider surgery in young, then lengthen Consider surgery in young, fit patients interval if no change d fit patients with need for prolonged surveillance





Incidental Pancreatic Cyst

Managing Incidental Findings on Abdominal CT: White Paper of the ACR Incidental Findings Committee

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