



Original article

What to Do With an Intraductal Papillary Mucinous Pancreatic Neoplasm? Our Experience[☆]



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ABSTRACT

Introduction: Cystic pancreatic neoplasms are a heterogeneous group of pathology, and intraductal papillary mucinous neoplasia is becoming more common. The aim of this study is to review our series of cystic pancreatic neoplasms that underwent surgery and to evaluate the similarities with Fukuoka recommendations.

Methods: Retrospective review of our experience analyzing clinical and radiological data, indication for surgery and pathology study of 11 patients operated on in our centre from July 2011 to July 2015, aiming to evaluate the degree of agreement with the current consensus.

Results: In our series the majority of cases (7/11) had symptoms at diagnosis. Preoperative diagnosis was achieved in 10 patients using radiology and/or endoscopy. Indications for surgery were the presence of symptoms, radiological data suspicious of malignancy, and secondary branch neoplasia over 30 mm. Pathological findings were malignancy in 6/11 cases (2 invasive neoplasia, 4 high grade dysplasia), moderate dysplasia in 2/11, low-grade dysplasia in 2/11 and no dysplasia in one patient.

Conclusions: Surgical indication of intraductal mucinous pancreatic neoplasms depends on the associated symptoms, size, location, risk and suspicion of malignancy.

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¿Qué hacer ante una neoplasia mucinosa papilar intraductal de páncreas? Nuestra experiencia

RESUMEN

Palabras clave:

Neoplasia mucinosa papilar intraductal
Neoplasia quística pancreática
Neoplasia pancreática
Manejo
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Introducción: Las neoplasias quísticas pancreáticas representan un grupo heterogéneo de enfermedades, donde la neoplasia mucinosa papilar intraductal está alcanzando protagonismo. El objetivo del estudio es revisar nuestra serie de neoplasias quísticas pancreáticas intervenidas y valorar la concordancia con las recomendaciones de Fukuoka.

Métodos: Revisamos de forma retrospectiva nuestra experiencia analizando los datos clínicos y radiológicos, la indicación quirúrgica y el estudio histológico de los 11 pacientes intervenidos en nuestro centro desde julio de 2011 a julio de 2015 por esta enfermedad, con el objetivo de valorar la concordancia con los consensos actuales.

Resultados: En nuestra serie la mayoría de los casos (7/11) presentaban síntomas al diagnóstico. El diagnóstico preoperatorio se alcanzó en 10 pacientes mediante radiología y/o ecoendoscopia. Las indicaciones quirúrgicas fueron presencia de síntomas, datos radiológicos de sospecha de malignidad y neoplasia de rama secundaria asintomática mayor a 30 mm. Los hallazgos en estudio histológico fueron de malignidad en 6/11 (2 neoplasia invasiva, 4 displasia de alto grado), displasia moderada en 2/11, displasia de bajo grado en 2/11 y ausencia de displasia en un paciente.

Conclusiones: La indicación quirúrgica de las neoplasias mucinosas papilares intraductales de páncreas depende de los síntomas asociados, dimensiones, localización, riesgo y sospecha de malignidad.

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Introduction

Intraductal papillary mucinous neoplasms (IPMN) are included within the group of cystic neoplasms of the pancreas. Described for the first time by Ohashi in 1982,¹ their differential diagnosis should include chronic pancreatitis, mucinous cystic tumours and pancreatic duct adenocarcinoma.

Preoperative diagnosis is based on determining the presence, lesion type and risk of malignancy, which is important given its impact on treatment and prognosis. One of the most striking characteristics of these lesions is the sequential progression towards malignancy, so they are considered precursor lesions of pancreatic cancer.

The criteria by Sendai,² which have been updated with the publication of the criteria by Fukuoka in 2012,³ have raised interest in this disease and established an agreement for its treatment.

We have retrospectively reviewed the IPMN treated at our hospital in recent years with the aim to assess the accordance of treatment with the Fukuoka recommendations.

Methods

This study included patients with histological diagnosis of IPMN treated at the Hospital Universitario de Getafe (Madrid, Spain) between July 2011 and July 2015.

For 11 patients, we collected data referring to age, sex, and presence of symptoms, preoperative diagnosis, surgical indication and histology of the resected specimen.

The preoperative study was conducted according to the presence or absence of symptoms and study findings,

including tumour markers (CEA, CA 19.9), abdominal ultrasound (US), computed tomography, magnetic resonance imaging (MRI), magnetic resonance cholangiopancreatography (MRCP), endoscopic ultrasound (EUS) and fine-needle aspiration (FNA) for cytology studies. Radiological findings that were considered suspicious for malignancy included the presence of mural nodules and dilatation of the main pancreatic duct (MPD) of more than 10 mm.

Indication for surgery was based on the presence of associated symptoms, lesion size, and the finding of data indicating surgery.

As for the surgical technique, pancreaticoduodenectomy, central pancreatectomy, distal pancreatectomy or total pancreaticoduodenectomy were performed according to the location of the lesion.

After the surgical intervention, the IPMN were classified by anatomical criteria (main branch, secondary branch, or mixed) and histological criteria (intestinal, gastric, pancreatobiliary or oncocytic).

Statistical Analysis

We conducted a descriptive study of the data, representing the quantitative variables by means and range (minimum–maximum). We did not use percentages because the series had less than 25 cases.

Results

Out of the 11 patients treated, 8 were males and 3 females, with a mean age of 64.3±8.5 years (range: 52–79).

As for the presence of symptoms, 7 patients presented some type of associated symptom (recurrent pancreatitis in 5,

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