Contrast enhanced MRI Pancreas – Pancreatic Cystic Neoplasm (for Characterization)

Multiplanar pre- and post-contrast T1W, T2W and diffusion-weighted scans of the pancreas were acquired, with 10 ml of IV Dotarem.

There are no relevant prior scans available for comparison / Comparison made with the last CT scan of

Tumour marker: CA 19-9 ___

FINDINGS

Cystic neoplasm of pancreas	Yes
Location	Head / Uncinate / Neck / Body / Tail

Intraductal papillary mucinous neoplasm (IPMN)

Communication with pancreatic duct	No
Multiple	No

"High-risk stigmata"

(a) Enhancing mural nodule ≥ 5mm	No
(b) Main Pancreatic Duct 10 mm or larger	No

"Worrisome features"

(c) Size of cyst 3 cm or larger	No
(d) Main pancreatic duct (MPD) 5-9 mm	No
(e) Abrupt change in MPD calibre with distal panc. atrophy	No
(f) Thickened enhanced cyst walls	No
(g) Enhancing mural nodule less than 5 mm	No
(h) Growth of 5mm or more over 2 years	No
(i) Adenopathy	No

OTHER FINDINGS

The liver demonstrates normal signal intensity. No suspicious focal hepatic lesion is detected. The hepatic and portal veins enhance normally.
The gallbladder shows normal features. The biliary tree is normal in calibre. No significant variant biliary anatomy is detected. The spleen, adrenal glands, kidneys appear unremarkable.
The imaged bowel loops are normal in calibre. No significantly enlarged intra-abdominal lymph node is seen. No free intraperitoneal fluid is detected.
No suspicious marrow replacement process.

CONCLUSION:

No worrisome features or high risk stigmata on imaging.

Guidelines for IPMN Surveillance
*According to largest cyst size (provided no other HRS/WFs are present)

- <20mm: Every 18-24 months
- 20-29mm: 6 months twice, then every 12 months thereafter
- ≥30mm: Every 6 months

N.B. Surveillance interval can be shortened or lengthened depending on progression or stability respectively.

Adapted from:
Ohtsuka T, Fernandez-Del Castillo C, Furukawa T, Hijioka S, Jang JY, Lennon AM, Miyasaka Y, Ohno E, Salvia R, Wolfgang CL, Wood LD. International evidence-based Kyoto guidelines for the management of intraductal papillary mucinous neoplasm of the pancreas. Pancreatology. 2024 Mar;24(2):255-270. doi: 10.1016/j.pan.2023.12.009. Epub 2023 Dec 28. PMID: 38182527.

Follow up MRCP – Pancreatic Cystic Neoplasm

Unenhanced MRI/MRCP were obtained as per department protocol.
Comparison made with serial MRI studies, dating back to ……
Tumor marker: CA19-9 …….

FINDINGS

Cystic neoplasm of pancreas	Yes
Location-	Head / Uncinate / Neck / Body / Tail

Intraductal papillary mucinous neoplasm (IPMN)

Communication with pancreatic duct	No
Multiple	No

"High-risk stigmata"

(a) Presence of solid component ≥ 5mm	No
(b) Main Pancreatic Duct 10 mm or larger	No

"Worrisome features"

(c) Size of cyst 3 cm or larger	No
(d) Main pancreatic duct (MPD) 5-9 mm	No
(e) Abrupt change in MPD calibre with distal panc. atrophy	No
(f) Thickened cyst walls	No
(g) Solid component < 5 mm	No
(h) Growth of 5mm or more over 2 years	No
(i) Adenopathy	No

OTHER FINDINGS

The liver demonstrates normal signal intensity. No suspicious focal hepatic lesion is detected.
The gallbladder shows normal features. The biliary tree is normal in calibre. No significant variant biliary anatomy is detected. The spleen, adrenal glands, kidneys appear unremarkable.
The imaged bowel loops are normal in calibre. No significantly enlarged intra-abdominal lymph node is seen. No free intraperitoneal fluid is detected.
No suspicious marrow replacement process.

CONCLUSION:

No worrisome features or high risk stigmata on non-contrast MRI.

Guidelines for IPMN Surveillance
*According to largest cyst size (provided no other HRS/WFs are present)

- <20mm: Every 18-24 months
- 20-29mm: 6 months twice, then every 12 months thereafter
- ≥30mm: Every 6 months

N.B. Surveillance interval can be shortened or lengthened depending on progression or stability respectively.

Adapted from:
Ohtsuka T, Fernandez-Del Castillo C, Furukawa T, Hijioka S, Jang JY, Lennon AM, Miyasaka Y, Ohno E, Salvia R, Wolfgang CL, Wood LD. International evidence-based Kyoto guidelines for the management of intraductal papillary mucinous neoplasm of the pancreas. Pancreatology. 2024 Mar;24(2):255-270. doi: 10.1016/j.pan.2023.12.009. Epub 2023 Dec 28. PMID: 38182527.