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Summary

# Dilated main pancreatic duct of unknown origin: Chronic pancreatitis or MD-IPMN?

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Endoscopy | Histopathology | Pancreas

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**The speaker presented an approach to differentiating main duct IPMN from chronic pancreatitis and other benign causes of pancreatic duct dilatation, using case examples to illustrate diagnostic workup including EUS, contrast imaging, and direct pancreatoscopy.**

## KEY POINTS

- Main duct IPMN is defined as main pancreatic duct greater than 5mm without obstruction, with ducts over 10mm considered a direct surgical indication in guidelines, while 5-10mm ducts are worrisome features.
- The speaker stated that malignancy risk with main duct over 6mm ranges from 30% to 90% in different studies, though most healthy individuals with dilated ducts in a Japanese population study had no disease.
- Stones and calcifications can occur in both chronic pancreatitis and IPMN and are not reliable discriminators between the two conditions.
- The speaker presented three cases where direct pancreatoscopy with a small cholangioscope and contrast-enhanced ultrasound helped avoid unnecessary surgery by confirming benign diagnoses including chronic pancreatitis and papillary sclerosis.
- The speaker stated in discussion that pancreatic fistula risks from FNA are overestimated and recommended drainage if stenosis is present after puncture to prevent complications including diabetes.

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