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Summary

CLINICAL IMPACT OF PERORAL PANCREATOSCOPY WITH MAPPING BIOPSY ON SURGICAL DECISION-MAKING IN MAIN DUCT AND MIXED TYPE INTRADUCTAL PAPILLARY MUCINOUS NEOPLASMS

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Preoperative peroral pancreatoscopy with mapping biopsy altered surgical plans in 20% of patients with main duct or mixed type intraductal papillary mucinous neoplasms, enabling less extensive resection in some cases and detecting skip lesions in others.

KEY POINTS

- Surgical plans were changed in 8 of 40 patients (20.0%) based on pancreatoscopy findings and mapping biopsies, with 5 patients undergoing less extensive surgery after confirming no tumor involvement and 3 requiring more extensive resection due to broader tumor spread than conventional imaging suggested.
- Pancreatoscopy successfully reached the primary lesion in 31 of 40 patients (77.5%) and identified previously undetected intraductal lesions in 8 patients (20.0%).
- Concordance between preoperative biopsy and final pathology was limited at 19.3% overall diagnostic accuracy, reflecting challenges in sampling heterogeneous intraductal lesions.
- Procedure-related adverse events occurred in 6 patients (15%), including 5 cases of post-ERCP pancreatitis (1 severe) and 1 retroperitoneal perforation, all managed conservatively.
- Mapping biopsy detected skip lesions even in areas appearing normal on visual pancreatoscopy, with all 3 skip lesions subsequently confirmed in resected specimens.

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