

Video Case: The ubiquitous pancreatic cyst - When to worry and what to do

Linda S Lee

UEG Postgraduate Teaching Programme Vienna 2024

Presentation

Education & Training

Endoscopy

Pancreas

Surgery

October 12, 2024

This educational presentation reviews the diagnostic approach and management of incidental pancreatic cysts, emphasizing risk stratification, the role of MRI and EUS with cyst fluid analysis, and surveillance strategies tailored to cyst features and patient comorbidities.

KEY POINTS

- Incidental pancreatic cysts are common (15-25% on cross-sectional imaging, up to 50% at autopsy) but carry very low overall malignancy risk; mucinous cysts (mucinous cystic neoplasm and IPMNs) have premalignant potential while serous cystadenomas and pseudocysts are benign.
- High-risk features (enhancing nodule, main pancreatic duct ≥ 1 cm, concerning cytology, jaundice) confer worse 5-year survival than worrisome features; patients with IPMNs and high comorbidity (Charlson index ≥ 7) are 11 times more likely to die of non-IPMN causes within 3 years.
- MRI with MRCP is superior to CT for evaluating ductal involvement and nodules; EUS with cyst fluid analysis (high CEA and low glucose indicate mucinous cyst, GNAS indicates IPMN, very high CEA does not indicate malignancy) helps classify cyst type, though current guidelines missed 20-25% of malignant cysts and led to 25-30% unnecessary surgeries in the speaker's institutional experience.
- The speaker recommends referral to a pancreatic center for EUS or surgery if at least one worrisome or high-risk feature is present, and states that multidisciplinary conferences are important for complex cases.
- For small cysts without worrisome features, the speaker recommends repeat MRI at 6 months then yearly or every 2 years if stable; in older patients with significant comorbidities and small cysts stable for at least 5 years, stopping surveillance can be considered after discussion.

- EUS-guided ablation with chemotherapeutic agents (paclitaxel, gemcitabine) is an option for non-surgical candidates without signs of malignancy; the speaker is increasingly using DNA mutation analysis (next-generation sequencing) when cysts show concerning features such as rapid growth.

VIEW THIS CONTENT ON GUTFLIX

<https://gutflix.eu/search/d/6e379472-9130-11ef-81a0-0242ac140004>



AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.