gutflix
GI learning, personalised

Summary

COMPARATIVE STUDY OF HISTOPATHOLOGICAL AND IMAGING FINDINGS IN HIGH-GRADE PANCREATIC INTRAEPITHELIAL NEOPLASIA (PANCREATIC CARCINOMA IN SITU)

Masao Tanaka

UEG Week Berlin 2025 Poster

Pancreas

October 4, 2025

A retrospective Japanese study of 50 surgically resected high-grade pancreatic intraepithelial neoplasia cases identified main pancreatic duct stenosis and focal parenchymal atrophy as key imaging indicators, though skip lesions complicate precise preoperative localization.

KEY POINTS

- High-grade pancreatic intraepithelial neoplasia, considered carcinoma in situ of the pancreas, can lead to long-term survival when surgically resected even when undetectable on conventional CT or MRI imaging.
- Among 50 resected cases confirmed by central pathology review, 16 involved only the main pancreatic duct, 27 involved both main and branch ducts, and 7 were confined to branch ducts.
- Main pancreatic duct stenosis accompanied by focal parenchymal atrophy corresponding to the lesion was frequently observed in cases with longitudinal intraductal spread of 10 mm or more.
- Fourteen cases exhibited skip lesions with discontinuous HG-PanIN components that did not consistently correspond to areas of ductal stenosis, making precise preoperative localization by imaging difficult.
- In cases confined to branch ducts, round or oval-shaped cystic lesions near branch ducts with minimal parenchymal atrophy were frequently identified and may aid early detection.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/c00892ec-a813-11f0-841d-0242ac140006

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.