DIAGNOSTIC CHALLENGES OF THE ACINAR CYSTIC TRANSFORMATION OF THE PANCREAS: A SINGLE-CENTRE RETROSPECTIVE STUDY OF 64 PATIENTS

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A retrospective study of 64 patients with presumed pancreatic acinar cystic transformation found that established radiological diagnostic criteria are insufficient to reliably differentiate ACT from other pancreatic cystic lesions, particularly when calcifications or fewer than 10 cysts are present.

KEY POINTS

- In 45% of cases (29 of 64 patients), the diagnosis of ACT was uncertain with differential diagnoses including branch-duct IPMN (55% of uncertain cases) and calcified chronic pancreatitis (24% of uncertain cases)
- Both typical and uncertain ACT groups met three or more of the four established radiological criteria at similarly high rates (91.4% versus 96.6%, p=0.61), suggesting these criteria do not reliably distinguish ACT from mimics
- The uncertain group had significantly more calcifications (86% versus 66%, p=0.041) and a trend toward fewer than 10 cysts (24% versus 6%, p=0.06) compared to the typical group
- Only three patients had pathological confirmation of ACT, with two of these being from the uncertain diagnostic group, highlighting the rarity of histopathological diagnosis under current non-surgical management approaches
- This single-center retrospective study spanning 2003-2021 included 64 patients with median age 60 years and 55% male, reflecting the contemporary challenge of non-invasive ACT diagnosis

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