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Summary

IPMN, NOT ONLY A PANCREATIC MATTER

Piero Brosolo

UEG Week Copenhagen 2023 | Poster

Hepatobiliary

October 15, 2023

A 58-year-old male with recurrent abdominal pain and initially negative workup was diagnosed with bile duct intraductal papillary mucinous neoplasm (IPMN-B) with low-grade and focally high-grade dysplasia after ERCP revealed unexpected mucin and tissue extraction.

KEY POINTS

- The patient presented with multiple emergency visits during 2020-2021 for abdominal and thoracic pain with persistently negative imaging and laboratory findings, then developed acute mild biliopancreatitis with jaundice in 2022.
- MRCP showed cholelithiasis and choledocolithiasis with multiple chained filling defects without bile duct dilatation, while CT demonstrated mild pancreatitis and common bile duct wall thickening and hyperemia.
- ERCP demonstrated a 2 cm filling defect and extracted mucus, sludge, and intraluminal tissue; histopathology confirmed bile duct IPMN-B with low-grade and focally high-grade dysplasia.
- IPMN-B is a rare premalignant disease presenting as an intraluminal papillary mass sometimes secreting mucin, leading to abdominal pain, obstructive jaundice, and cholangitis, with associated lithiasis being common and potentially confusing.
- The case illustrates that clinical onset and imaging can be misleading in IPMN-B; the presentation aims to raise awareness about this rare entity among clinicians encountering atypical biliary presentations.

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