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Summary

How to assess pancreatic lesions

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Pancreas | Radiology & Imaging | Hepatobiliary

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Optimised imaging technique using dedicated pancreas protocol CT with multiphase acquisition is essential for accurate pancreatic lesion assessment and avoiding missed ductal adenocarcinomas.

KEY POINTS

- The speaker stated that pancreas protocol CT should be dual or triple phase with late arterial and portal venous phases, not standard single-phase CT, because pancreatic tumours are more visible on arterial phase and this phase is critical for assessing arterial involvement and anatomical variants.
- CT assessment should always be performed before any biliary intervention to avoid post-procedure inflammation that obscures tumour margins and vessel relationships.
- Dilated pancreatic duct with abrupt cut-off is a red flag sign for obstructing tumour even when no mass is visible on imaging, and abrupt bile duct stricture similarly raises high suspicion for malignancy.
- MRI is reserved for problem-solving in select cases such as differentiating solid from cystic lesions or characterising indeterminate liver lesions, and should not be performed if EUS is already planned.
- Clinical context is crucial for interpretation because imaging findings overlap between benign and malignant conditions, particularly when distinguishing inflammatory from malignant masses.
- The speaker recommended always comparing with previous scans and carefully assessing ducts and vessels, as subtle vessel abnormalities can be the only clue to early tumours.

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