IMAGE FINDINGS OF EUS AND CT THAT SHOULD BE CONSIDERED FOR PANCREATIC JUICE CYTOLOGY IN THE DIAGNOSIS OF THE MINUTE PANCREATIC CANCER WITHOUT MASS LESIONS

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UEG Week Copenhagen 2023 | Poster

Pancreas

October 17, 2023

A retrospective study of 83 suspected minute pancreatic cancer cases found that a faint hypoechoic area around main pancreatic duct stenosis on EUS was associated with higher cancer detection rates when serial pancreatic juice aspiration cytological examination (SPACE) was performed.

KEY POINTS

- Of 83 cases without mass lesions undergoing SPACE between December 2011 and June 2022, 27 (32.5%) were diagnosed as pancreatic cancer, with 23 of 27 (85%) classified as pancreatic carcinoma in situ (PCIS) on surgical pathology.
- Cases with a faint hypoechoic area around main pancreatic duct stricture on EUS (Group A) had significantly higher cancer detection compared to those without (58.6% versus 18.5%, p=0.039).
- Localized pancreatic atrophy on CT was observed in 71% of cancers in Group A and 90% of cancers in Group B.
- Post-SPACE mild pancreatitis occurred in 7 of 83 cases (8.4%), all resolving with conservative management.
- The authors conclude that faint hypoechoic areas around main pancreatic duct stenosis on EUS, in addition to irregular duct stenosis, branch duct dilatation, and focal pancreatic atrophy on CT, should be considered important imaging criteria for selecting SPACE candidates.

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