Pancreatic sphincterotomy for pancreatitis associated with main duct intraductal papillary mucinous neoplasm

Recurrent acute or chronic pancreatitis can be presenting symptoms of main duct intraductal papillary mucinous neoplasm (main duct IPMN). Given the risk of malignancy with main duct IPMN, surgery is generally recommended [1]. In patients who are not candidates for surgery, pancreatic sphincterotomy can be considered as a possible way to alleviate pancreatitis due to main duct IPMN by facilitating drainage of mucus.

A 72-year-old woman was evaluated after experiencing two episodes of recurrent pancreatitis in 4 months despite having undergone cholecystectomy. CT scan showed diffuse dilation of the main pancreatic duct and pancreatic atrophy (Fig. 1).

Endoscopic ultrasonography (EUS) confirmed the CT findings and also demonstrated two dilated side branches of the pancreatic duct. EUS-guided fine-needle aspiration of the larger side branch yielded mucinous material with elevated carcinoembryonic antigen and amylase concentrations. The pancreateogram demonstrated diffuse dilation of the main pancreatic duct with hypoechoic filling defects (Fig. 2).

Pancreatic sphincterotomy was performed and the patient has not had recurrent pancreatitis from multiple myeloma.

Complete resolution of recurrent pancreatitis due to main duct IPMN after pancreatic sphincterotomy alone has been reported previously in three patients [2, 3]. Our series reports the longest follow-up in the literature after pancreatic sphincterotomy for main duct IPMN.

**References**


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**Bibliography**

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