

**Intraductal Papillary Mucinous Neoplasm of The Pancreas**

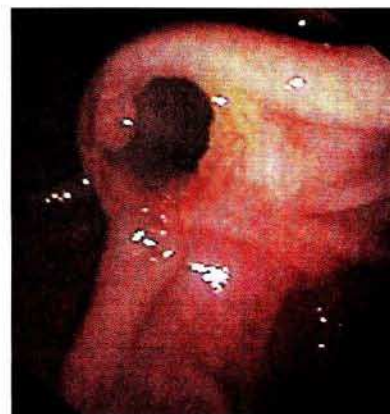
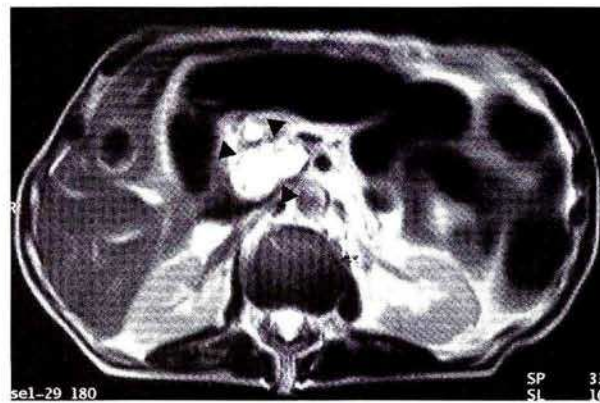
A 77-year-old man presented with jaundice, weight loss of 15 kg, right upper quadrant abdominal pain, fever and laboratory studies suggestive of biliary obstruction. Abdominal CT showed dilatation of the pancreatobiliary tree, a large gallbladder filled with gallstones, and cystic-appearing changes in the head of the pancreas, suggesting the possibility of a cystic pancreatic tumor. He was transferred to our hospital for an MRCP, which confirmed these findings but a definitive diagnosis was not made (Figure 1). ERCP revealed a distended ampulla of Vater bulging with mucin (Figure 2a) and multiple filling defects within the dilated pancreatic duct (Figure 2b). Biopsy and brushing of the pancreatic duct was performed and revealed a well-differentiated adenocarcinoma. The patient refused further treatment and was transferred back to his local hospital.

A mucous-secreting pancreatic cancer, now called intraductal papillary mucinous neoplasm, was first described in 1982. In this disease the pancreatic duct is lined by mucin-producing papillary neoplastic epithelium (1). Characteristic ERCP findings are diffuse or segmental dilatation of the main pancreatic duct and side-branches, intraductal filling defects and a dilated pancreatic duct orifice with bulging mucus (2). Magnetic resonance cholangiopancreatography (MRCP) is emerging as a new imaging method for the pancreatobiliary tree. In a comparative study, similar diagnostic accuracies were reported for both MRCP and ERCP (3). However, in our case the diagnosis was based on the combined endoscopic, radiologic and histopathologic information obtained by ERCP. This example supports the view that, for now, ERCP should be the study of choice for suspected pancreatobiliary diseases (4). With further improvements, widespread availability and expertise MRCP may become helpful in the better selection of patients for therapeutic ERCP.

*L. Somogyi, C. E. Forsmark*  
 Division of Gastroenterology,  
 Hepatology and Nutrition,  
 Department of Medicine,  
 University of Florida,  
 Health Science Center,  
 Gainesville, Florida, USA



**Figure 1a:** MRCP and (b) MRI scan showing a markedly dilated and tortuous pancreatic duct and cystic-appearing changes in the head of the pancreas (a arrow, b arrowheads).



**Figure 2:** ERCP showing mucin-filled ampulla of Vater (a) and intraductal filling defects (b, arrows).

**References**

1. Shyr YM, Su CH, Tsay SH, Lui WY. Mucin-producing neoplasms of the pancreas. Intraductal papillary and mucinous cystic neoplasms. *Ann Surg* 1996; 223: 141-6.
2. Loftus EV, Olivares-Pakzad BA, Batts KP, Adkins MC, Stephens DH, Sarr MG et al. Intraductal papillary-mucinous tumors of the pancreas: clinicopathologic features, outcome and nomenclature. *Gastroenterology* 1996; 110: 1909-18.

3. Lee G, Lee HJ, Kim MH, Kang EM, Kim YH, Lee SG et al. Extrahepatic biliary diseases: 3D MR cholangiopancreatography compared with endoscopic retrograde cholangiopancreatography. *Radiology* 1997; 202: 663–9.
4. Hintze RE, Adler A, Veltzke W, Abou-Rebyeh H, Hammerstingl R, Vogl T et al. Clinical significance of magnetic resonance cholangiopancreatography (MRCP) compared to endoscopic retrograde cholangiopancreatography (ERCP). *Endoscopy* 1997; 29: 182–7.

*Corresponding Author*

Lehel Somogyi, M.D. Ph.D.  
Division of Gastroenterology  
Hepatology and Nutrition  
Department of Medicine  
University of Florida  
Health Science Center  
P. O. Box 100277  
Gainesville, FL32610-0277, USA  
Fax: +1-352-392-3618  
E-mail: slalom@nervm.nerdc.ufl.edu