

CONTRAST ENHANCED MRI PANCREAS - Pancreatic cystic neoplasm (Characterization)

Multiplanar pre- and post-contrast T1W, T2W and diffusion-weighted scans of the pancreas were acquired, with 10 ml of IV Dotarem

There are no relevant prior scans available for comparison / Comparison made with the last CT scan of

Tumor marker: CA19-9

FINDINGS

Cystic neoplasm of pancreas	Yes
Location	Head / Uncinate / Neck / Body / Tail
Communication with pancreatic duct	No
Multiple	No

"High-risk stigmata"

(a) Obstructive jaundice (CBD obstruction) by a head lesion	No
(b) Enhancing mural nodule \geq 5mm	No
(c) Main Pancreatic Duct 10 mm or larger	No

"Worrisome features"

(d) Size of cyst 3 cm or larger	No
(e) Main pancreatic duct (MPD) 5-9 mm	No
(f) Abrupt change in MPD calibre with distal pancreatic atrophy	No
(g) Thickened enhanced cyst walls	No
(h) Enhancing mural nodule less than 5 mm	No
(i) Growth of 5mm or more over 2 years	No
(j) Adenopathy	No
(k) imaging findings suggesting pancreatitis	No

The liver demonstrates normal signal intensity. No suspicious focal hepatic lesion is detected. The hepatic and portal veins enhance normally.

The gallbladder shows normal features. The biliary tree is normal in calibre. No significant variant biliary anatomy is detected. The spleen, adrenal glands, kidneys appear unremarkable.

The imaged bowel loops are normal in calibre. No significantly enlarged intra-abdominal lymph node is seen. No free intraperitoneal fluid is detected.

No suspicious marrow replacement process.

CONCLUSION:

No worrisome features or high-risk stigmata on imaging.

FOLLOW UP MRCP - pancreatic cystic neoplasm

Unenhanced MRI/MRCP were obtained as per department protocol.

Comparison made with serial MRI studies, dating back to

Tumor marker: CA19-9

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The imaged bowel loops are normal in calibre. No significantly enlarged intra-abdominal lymph node is seen. No free intraperitoneal fluid is detected.

No suspicious marrow replacement process.

CONCLUSION:

No worrisome features or high-risk stigmata on non-contrast MRI.

References

1. Tanaka M, Fernández-Del Castillo C, Kamisawa T, Jang JY, Levy P, Ohtsuka T, Salvia R, Shimizu Y, Tada M, Wolfgang CL. Revisions of international consensus Fukuoka guidelines for the management of IPMN of the pancreas. (2017) *Pancreatology*. 2017 (5): 738-753. doi:10.1016/j.pan.2017.07.007
2. Tanaka M, Fernández-del Castillo C, Adsay V et-al. International consensus guidelines 2012 for the management of IPMN and MCN of the pancreas. *Pancreatology*. 2012;12 (3): 183-97. doi:10.1016/j.pan.2012.04.004