From Karolinska UniverStity Hospital Huddinge

Abdominal radiology

To Karolinska Univer Stitis Hospital Huddinge

K51-53 reception upper abdomen

Referral time 2025-05-21

Method Examination

GR review with conference simple - gr

Question

Discussion Patient - Pankrea Conference SVF.

Suspected pancreatic cancer

History and status

85-year-old man with atrial fibrillation. Washed in Spain 2015, Eliquis for this.

Stemi 2021. Prostate problems. High blood fats. According to the referral very cheerful and dances tango every week. Searched due to abdominal problems with epigastrial pain and DT shows a tumor in pancreas. Also any lesion further in caput pancreatis.

You want assessment. Reported for demo at the pancreatic conference.

RESPONSE

Survey time: 2025-05-27

Opinion: 2025-05-27, Review with conference advanced

Demonstration at Pancrea Conference 250527

Tumor:

Ventrally in caput pancreatis involving sulcus pancreatic duodenalis there is a 3x2.5 cm large low -water diffusely defined tumor.

Discreetly upstream of the bile ducts.

Heavy widening of MPD.

Vascular:

Ordinary liver artificial atomy.

Less calcification at the departure of truncus coeliacus, however, no significant stenosis.

GDA passes through the tumor. Otherwise, no contact between the tumor and the large peripancreatic arteries.

Ventrals touches the tumor Truncus gastrocolicus with less commitment to the gaming enunration to SMV (<25%, <1cm). Otherwise no contact between the tumor and PV/SMV:

Remote Status:

No metastassus -spaced changes in liver. High up in Seg 8, a 1 cm high hyper -vascular change is seen that retains the contrast in late phase, probably hemangioma or less FNH.

No pathologically enlarged lymph nodes.

No signs to peritoneal carcinos. No ascites.

Occasional smaller noduli apically bilateral of JMF with DT 210318. No metastassus -spectacle changes in thorax.

Thus, Caput Pancreatis tumor with minimal vessel engagement as above.

Loizou Louiza

Signing time: 2025-05-27