

Gastrointestinal Management

from Boyce & Collins [2012]

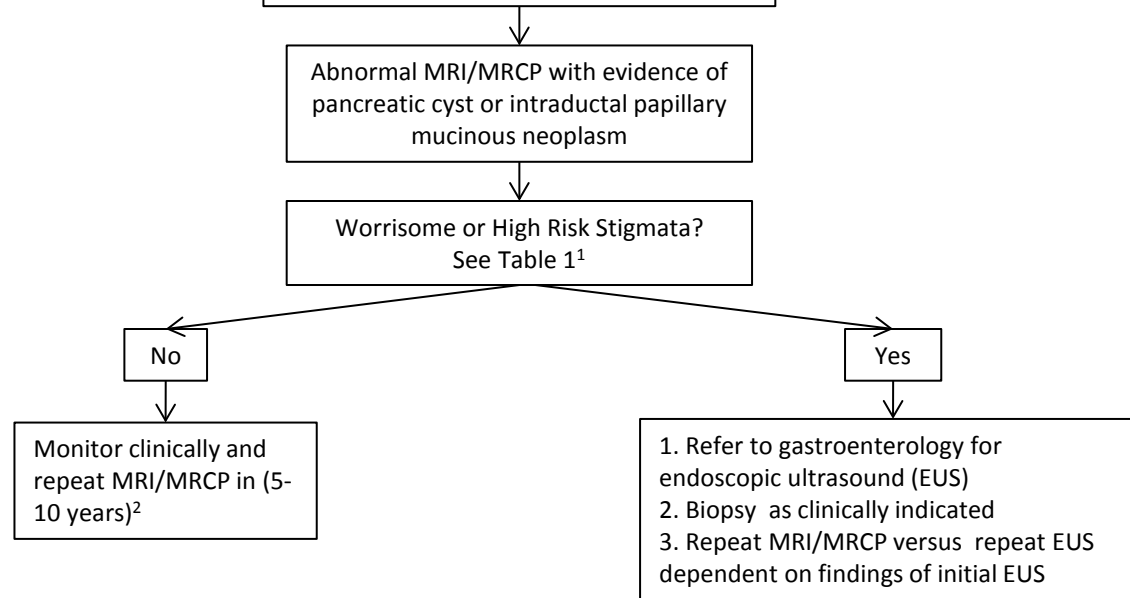


Table 1. Management of IPMNs

“Worrisome Features”	“High Risk Stigmata”
Pancreatitis	Obstructive jaundice in patient with cystic lesion in pancreatic head
Cyst ≥ 3 cm	Enhanced solid component within cyst
Thickened cystic walls	Main duct dilatation ≥ 10 mm
Main duct dilatation of 5-9 mm	
Non enhanced mural nodules	
Abrupt change in caliber of pancreatic duct with distal pancreatic atrophy	

References

Gaujoux S, Salenave S, Ronot M, Rangheard AS, Cros J, Belghiti J, Sauvanet A, Ruszniewski P, Chanson P. Hepatobiliary and pancreatic neoplasms in patients with McCune-Albright syndrome. *J Clin Endocrinol Metab.* 2014.

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Legend

EUS = endoscopic ultrasound; IPMN = intraductal papillary mucinous neoplasm; MCN = mucinous cystic neoplasm; MRCP = magnetic resonance cholangiopancreatography

¹ Based on the International consensus guidelines 2012 for the management of IPMN and MCN of the pancreas.

² Interval for repeat MRI/MRCP not established.