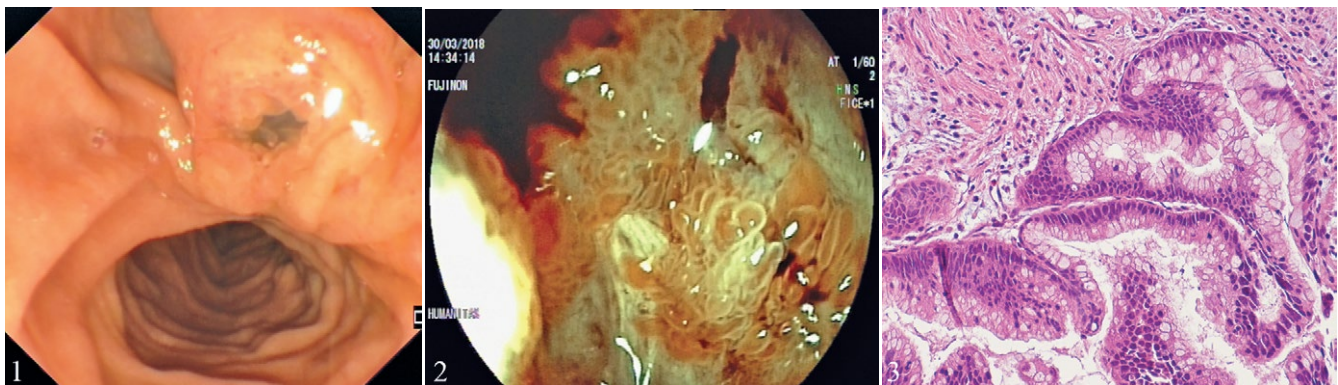


Direct Per-Oral Pancreatography as a Diagnostic Tool for Intraductal Papillary Mucinous Neoplasm

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Intraductal Papillary Mucinous Neoplasms (IPMN) are pancreatic cystic lesions that have a known malignant potential [1]. The assessment of malignancy can be challenging, and intraductal pancreatic imaging can help diagnostic work-up and the subsequent therapeutic management [2].

A 73 year old man with obstructive jaundice due to a cystic lesion in the head of the pancreas was referred to our Endoscopy Unit. Endoscopic ultrasonography showed a 6 cm cystic lesion in the pancreatic head, with thickened walls, mural nodules with vascular flow at Doppler evaluation, a pancreatic main duct dilated up to 12 mm and compression of common bile duct. Moreover, the endoscopic view showed a papilla with a marked dilated orifice draining dense mucoid material (“fish-mouth” appearance), a pathognomonic feature of IPMN (Fig. 1). Due to multiple comorbidities, the patient had been considered unfit for pancreatic surgery, thus an adequate tissue sampling was required to confirm the diagnosis. Given the evidence of the marked dilated pancreatic duct, after sphincterotomy, we decided to perform a direct per-oral pancreatoscopy with a 5.9 mm ultraslim endoscope (Fujifilm EG-580NW2, Tokyo, Japan) for adequate tissue sampling under direct endoscopic visualization. Direct per-oral pancreatoscopy allowed direct access to the cystic cavity; after the removal of the abundant mucinous material, an irregular, villous-like tissue was observed. In order to emphasize mucosal and vascular irregularity and to precisely address tissue sampling with biopsy forceps, we were able to apply virtual chromoendoscopy (Fuji Intelligent Color

Enhancement, FICE) [3] (Fig 2). Histology depicted mucin-producing, papillary neoplasm with high grade dysplasia, loss of polarity and nuclear crowding, confirming the clinical suspect of dysplastic IPMN (Fig. 3). No adverse events occurred during the procedure, neither at the subsequent follow-up.

The direct per-oral pancreatoscopy combined with virtual chromoendoscopy might represent an important and safety technique for the assessment of malignancy in IPMN.

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