

## Multifocal Intraductal Papillary Mucinous Neoplasm of the Pancreas

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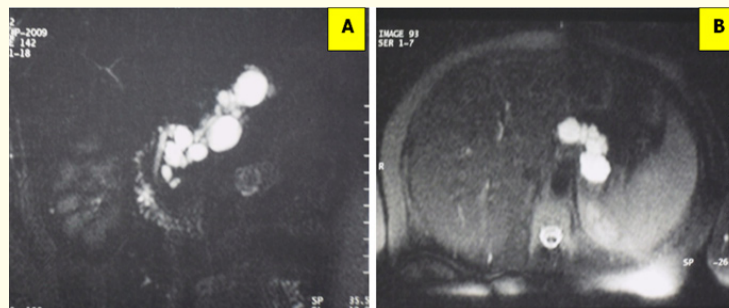
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First cases of intraductal papillary mucinous neoplasm of the pancreas (IPMN) were reported in the 80; nevertheless it is only over the last 15 years that our knowledge of this disease has been deepened [1].

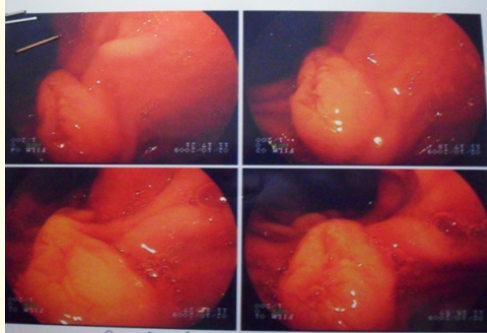
IPMN are rare and characterized by dilatation of the main pancreatic duct and or branch ducts associated with an overt production of mucin. The essential characteristic of this tumor is the risk of degeneration. In patients with multifocal IPMNs, resection is only warranted for lesions that exhibit malignancy predictors [2].

We report the case of a 33 years old female patient, who consulted for liver colic lasting since 3 months without an obstructive jaundice. The abdominal ultrasound as well as abdominal computed tomography (CT) showed the presence of several cystic formations of the entire pancreas, affecting the head, the body as and the tail of the pancreas. The abdominal magnetic resonance imaging (MRI) showed a typical image of bunch of grapes affecting as well the main pancreatic duct as the branch ducts without mural nodules. The mean diameter of the main pancreatic duct was 4mm and the size of the largest cyst is inferior then 3 cm (figure 1). A serum level of CA 19-9 was normal.



**Figure 1:** Multifocal branch duct-IPMNs in the pancreas with maximal diameter measured at 2.6 cm in the tail of the pancreas without evidence of dilatation of main pancreatic duct or mural nodules.

The specificity of this case was that cystic reached affected all ducts of the pancreas. The lateral duodenoscopy highlighted typical mucus discharge by the papilla (figure 2). To these findings, the diagnosis of multifocal IPMN was therefore strongly suspected.



**Figure 2:** Lateral duodenoscopy photograph showing a typical mucin discharge from the papilla.

In the absence of clinical and radiographic signs of degeneration according to the international consensus guidelines for the management of IPMNs [3], and after multidisciplinary consultation, we opted to rigorous supervision at a total pancreatectomy associated with a higher morbidity and higher mortality. Twenty four months later, the patient has no signs of degeneration.

### Bibliography

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