

Title:

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Pancreatic intraductal papillary mucinous neoplasm evolving into adenocarcinoma. Continual follow-up necessary

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Dear Editor,

We report a 62-year-old female with chronic pancreatitis after three episodes of severe acute pancreatitis. In 2008, an uneven main pancreatic duct (MPD) of 16 mm was found during an abdominal ultrasound. The follow-up was not continued until 2020, when a dilation of 27 mm of the MPD was discovered at magnetic resonance imaging (MRI) (Figure 1A). In 2022, another radiological test was carried out showing a dilation of the MPD of 40 mm with an intraductal tumoral lesion of 30 mm at the head of the pancreas (Figure 1B). An echo-endoscopy was carried out and a pancreatic-duodenal tumour with a mixed pattern was discovered. Atypic cells were observed at the fine needle puncture. A total duodenopancreatectomy was successfully carried out (Figure 1C).

In the anatomopathological macroscopic study a 14 cm-multi-cystic neoformation was seen and a solid tumour was discovered at the head of the pancreas that infiltrated the

wall of the duodenum (Figure 1D). In the longitudinal cross-section of the pancreatic body the MPD was seen to be severely dilated (Figure 1E). A focal adenocarcinoma in a intraductal papillary mucinous neoplasm (IPMN) was finally diagnosed (Figure 1F-1G).

Pancreatic lesions are usually asymptomatic and are detected by chance during other imaging tests ^(1,2,3). The IPMN rates of malignancy have been reported of between 19 to 30% ⁽⁴⁾. The management of pancreatic cystic lesions still represents a clinical challenge. As always, the multi-disciplinary management is mandatory in this type of tumour.

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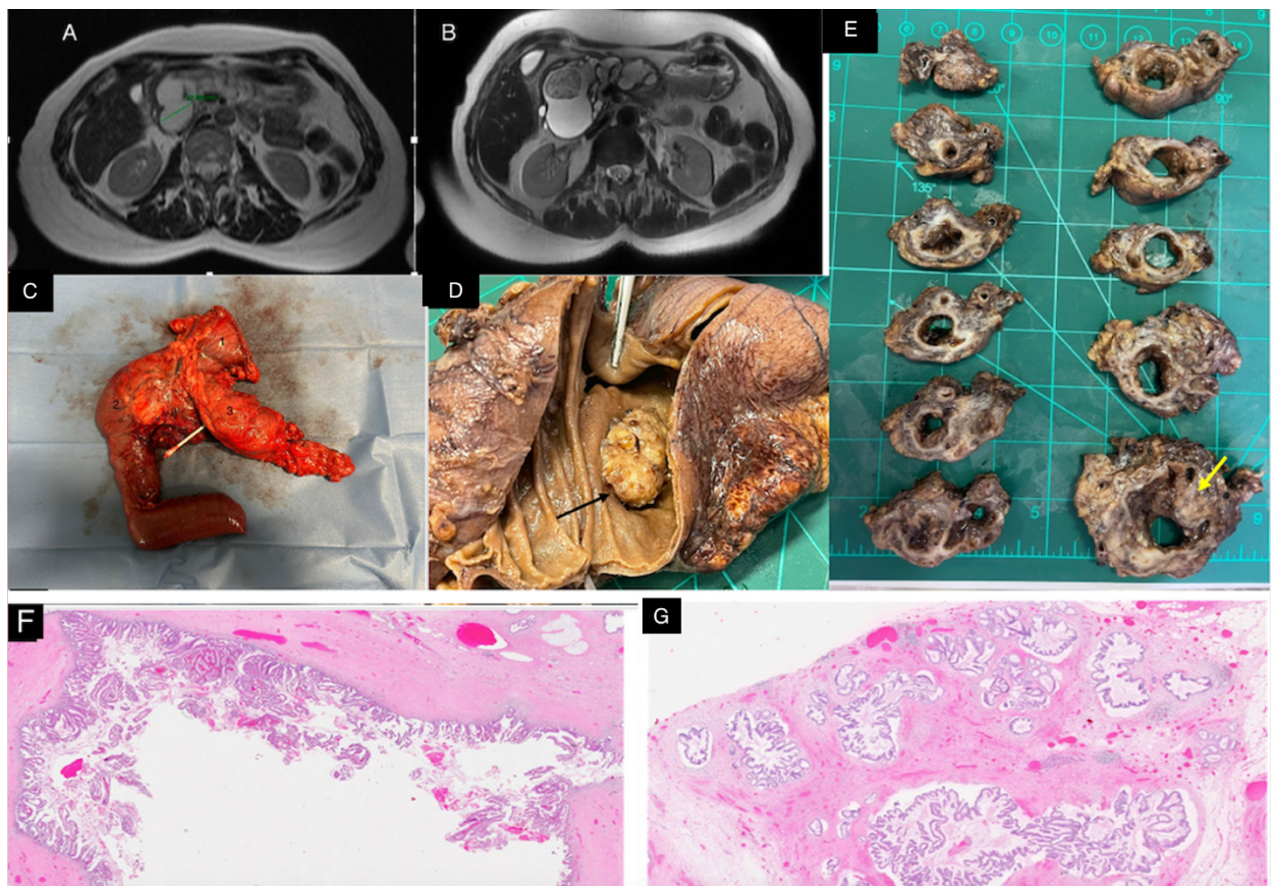


Figure 1: **A:** MRI of abdomen 2020: 27 mm Wirsung duct. **B:** MRI of abdomen, 2022: 40mm-Wirsung duct with a solid tumour, **C:** total duodenopancreatectomy surgical specimen, **D:** second duodenal portion with tumoral lesion infiltrating the duodenal wall, **E:** Longitudinal cross-sections of the pancreas. The portion with the tumoral lesion is marked with a yellow arrow. **F:** Cystic dilatation that has replaced the pancreatic parenchyma (HE;10x) **G:** At low magnification, the invasive nature of this area can be seen (HE;20x)