

## Clinical Approach for Incidental Pancreatic Cystic Lesions

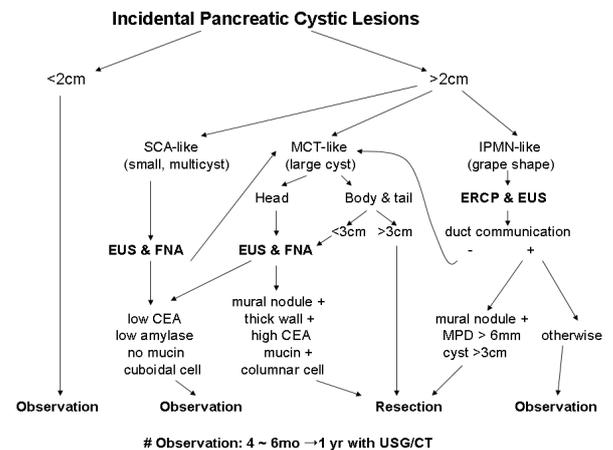
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Cystic lesions of the pancreas are being incidentally recognized with increasing frequency and become a common finding in clinical practice. Most pancreatic cystic neoplasms are detected incidentally when abdominal imaging is performed for other indications [1]. Incidental pancreatic cystic lesions can either be neoplastic (eg, intraductal papillary mucinous neoplasms) or non-neoplastic. There are four subtypes of pancreatic cystic neoplasms which have varying malignant potential using the WHO histological classification [2,3] :

- Serous cystic tumors
- Mucinous cystic neoplasms
- Intraductal papillary mucinous neoplasms
- Solid pseudopapillary neoplasms

Despite of recent remarkable advances of radiological and endoscopic assessment and a better understanding of natural history of certain subgroups of cystic lesions, differentiation among lesions and making an optimal management plan is still challenging. A multimodal approach should be performed to evaluate Incidental pancreatic cystic lesions. Emerging evidence supports selective nonoperative management for the majority of patients with cystic lesions, but, for those in whom a suspicion of malignancy remains, surgery is indicated [4]. Concerning long-term follow-up, the majority of pancreatic cystic lesions have an indolent behavior and a favorable prognosis. However, long-term surveillance for more than five years should be performed because of the potential for growth and malignant transformation of pancreatic cystic lesions [5]. Based on current evidence an algorithm (Fig. 1) for the management of a patient presenting with pancreatic cystic lesions might be proposed. However, Evidence-based guidelines for the diagnosis, management, and follow-up of cystic lesions



**Fig. 1.** Algorithm for clinical approach for incidental pancreatic cystic lesions. SCA=Serous cystadenoma; MCT=Mucinous cystic tumor; IPMN=Intraductal papillary mucinous neoplasm; ERCP=Endoscopic retrograde cholangiopancreatography; EUS=Endoscopic ultrasonography; FNA=Fine needle aspiration; MPD=Main pancreatic duct; USG=Ultrasonography; CT=Computed Tomography.

of the pancreas should be established through the further study.

### References

1. Spinelli, KS, Fromwiller, TE, Daniel, RA, et al. Cystic pancreatic neoplasms: observe or operate. *Ann Surg* 2004;239:651.
2. World Health Organization Classification of Tumours. Pathology and Genetics of Tumours of the Digestive System, Aaltonen, LA, Hamilton, SR (Eds), IARC Press, Lyon, France 2000.

3. Zamboni, G, Kloepfel, G, Hruban, RH, et al. Mucinous cystic neoplasms of the pancreas. In: World Health Organization Classification of Tumours. Pathology and Genetics of Tumours of the Digestive System, Aaltonen, LA, Hamilton, SR (Eds), IARC Press, Lyon, France 2000. p.234.
4. Lee SH. Clinical approach to incidental pancreatic cystic lesions. Korean J Gastroenterol 2010;55:154-61
5. Ahn DW, Lee SH, Kim YT, et al. Natural history and clinical outcome after extended long-term follow-up for cystic lesions in the pancreas. Korean J Gastroenterol 2009;54:S299.