



Session 1. The Bile Duct Enigma

IPNB; current issues in the diagnosis and classification

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Curriculum Vitae

EDUCATION & DEGREES

- 1997 Ph.D., Graduate School of Medicine, The University of Tokyo, Japan
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PROFESSIONAL EXPERIENCE

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- 2006-2009 Associate Professor,
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- 2005-2006 Assistant Professor (Lecturer)
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- 2004-2005 Assistant Professor, Department of Diagnostic Pathology
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- 2001-2004 Research fellow, GI Pathology Division, Department of Pathology
Johns Hopkins University, School of Medicine, Baltimore, MD, USA
- 1997-2001 Staff Pathologist,
Clinical Laboratory Division, National Cancer Center Hospital, Tokyo, Japan
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IPNB; current issues in the diagnosis and classification

Intraductal papillary neoplasm of the bile duct (IPNB) is a rare variant of bile duct neoplasms characterized by papillary growth within the bile duct lumen and is regarded as a biliary counterpart of intraductal papillary mucinous neoplasm (IPMN) of the pancreas. IPNB had been originally reported in the cases with hepatolithiasis but now it is recognized in cases without hepatolithiasis. In 2010 WHO included IPNB in the classification of the biliary neoplasms as one of the precursor lesions of the cholangiocarcinoma. Before the WHO proposed the concept of IPNB, intraductally growing biliary neoplasms were called by various names such as biliary papillomatosis, biliary intraductal papillary mucinous neoplasm, mucin producing bile duct tumor, and papillary cholangiocarcinoma. According to the WHO classification 2010, IPNB is characterized by dilated intrahepatic bile ducts filled with a non-invasive papillary or villous biliary neoplasm covering delicate fibrovascular stalks. Dilated bile ducts are fusiform or cystic (unilobular or multilocular). IPNB can present as multiple lesions with various stage of invasion in the intrahepatic and extrahepatic biliary tree. About 30% of IPNB secrete mucin in the duct lumen. IPNB are classifiable as IPNB with low, intermediate and high grade dysplasia based on the degree of cellular and nuclear atypia. IPNBs are not infrequently associated with invasive carcinoma. IPNB usually progresses slowly and the patient appears to have better survival than conventional cholangiocarcinoma. After the proposal from the WHO classification, however, controversial issues of the "IPNB" have been highlighted by the increasing related studies not only in Asian countries but also in Western countries. Especially, intrahepatic cholangiocarcinoma of intraductal growth type and biliary tract carcinoma of papillary growth type appear to share several common pathologic features of IPNB and to be overlapped disease entities. To solve the conceptual and diagnostic problem, it is now under discussion about this issue in the Korean-Japanese collaborative team. In this symposium, I will factorize the characteristics of papillary growing biliary neoplasms and try to make clear the current issues in the diagnosis and classification on IPNB.