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Endoscopic ultrasonography is a problem solving and reassuring tool for patients with pancreatic cystic neoplasms being referred to a tertiary care center

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Background and Objectives: Pancreatic cystic neoplasms are being increasingly recognized. Endoscopic ultrasonography (EUS) is often required to resolve diagnostic dilemma. Our objective was to study relative proportion, type, and usefulness of EUS for cystic neoplasms in our center. Methods: We reviewed the database of patients registered in our pancreas clinic and those who underwent EUS examination for pancreatobiliary diseases. Pancreatic pseudocyst/walled-off necrosis was excluded. We assessed location, size, number, and cyst characteristics. Diagnostic aspiration was done if the findings were equivocal. Results: Of 2632 new patients registered in the pancreas clinic over 5 years, 94 (3.6%) patients had pancreatic cystic neoplasms which accounted for 12.7% of 737 EUS examinations for pancreatobiliary diseases. The mean age of patients with cystic neoplasms was 48.1 ± 15.2 years; 54 of them were females. The mean size of cyst was
2.7 ± 1.7 cm. Most patients were asymptomatic. The type of cystic lesions was intraductal papillary mucinous neoplasm (IPMN; n = 35), serous cystadenoma (n = 18), mucinous cystic neoplasm (MCN; n = 12), solid pseudopapillary epithelial neoplasm (SPEN; n = 9), cystic degeneration of other tumors (n = 4), simple cyst (n = 4), infectious (n = 2), and unclassified (n = 10). MCN and SPEN occurred exclusively in females. The most common site was head/uncinate (n = 42), followed by body (n = 21), tail (n = 20), neck/genu (n = 6), and multiple (n = 5). Majority of neoplasms did not have high-risk features of malignancy. **Conclusions:** Cystic neoplasms are increasingly being referred for EUS as a problem-solving tool, most common being IPMN. Absence of high-risk features on EUS reassures both patients and referring doctor.

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