

### Editorial Board

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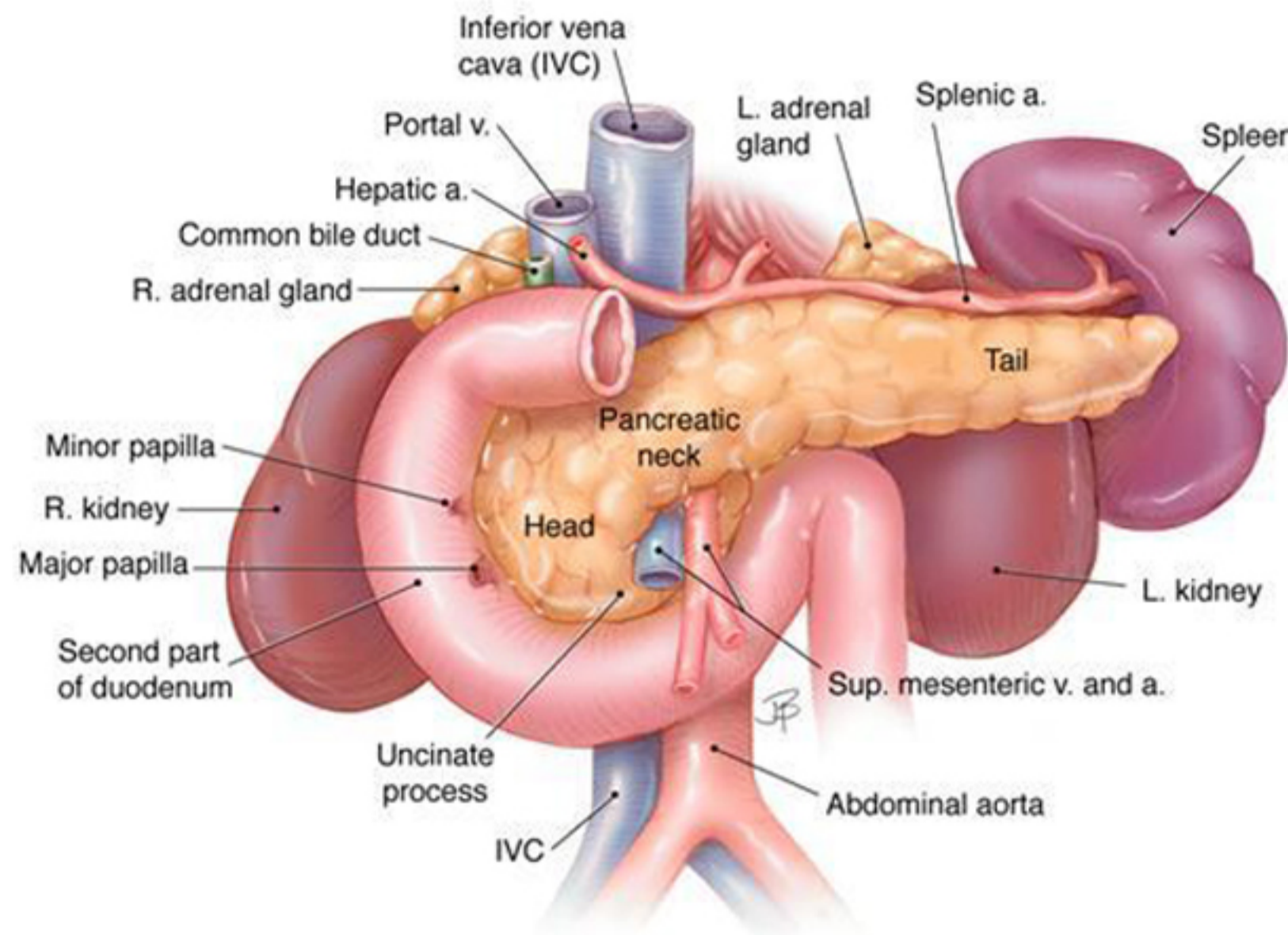


**Dr. ADILYS RAMIREZ MD**  
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## TOPIC OF THE MONTH



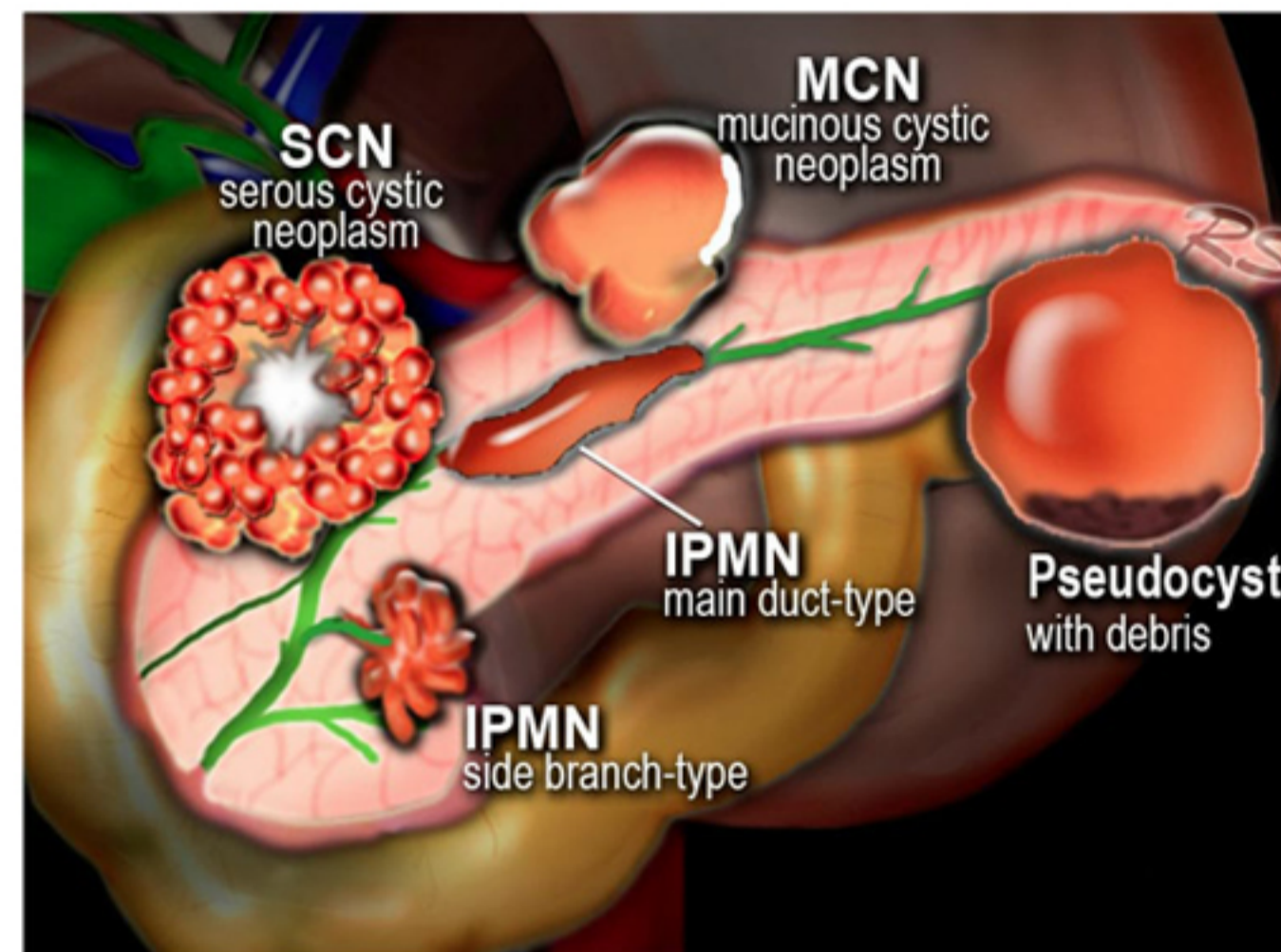
### Pancreas

Pancreatic ultrasound can be used to assess for pancreatic malignancy, pancreatitis and its complications, as well as for other pancreatic pathology. Contrast-enhanced ultrasound has shown promise in evaluating the severity of acute pancreatitis, staging pancreatic cancer, and predicting malignancy in cystic neoplasms.

Optical coherence tomography within the pancreatic duct appears to be able to differentiate malignant and normal pancreatic ducts. Spectroscopy may prove useful in differentiating focal chronic pancreatitis from malignancy. Multidetector-row computed tomography may provide more accurate information regarding cancer respectability and differentiation between ductal type of intraductal papillary mucinous tumors. The management of pancreatic diseases relies heavily upon endoscopic and radiological imaging. Most screening tests consist of CT scans, ultrasounds, magnetic resonance cholangiopancreatography (MRCP), endoscopic retrograde cholangiopancreatography (ERCP), or endoscopic ultrasounds.

### Intraductal papillary mucinous neoplasm

Intraductal papillary mucinous neoplasms or tumours (IPMNs or IMPTs) are epithelial pancreatic cystic tumours of mucin-producing cells that arise from the pancreatic ducts. They are most commonly seen in elderly patients. On imaging, particularly MRCP, they are characterised by single or multiple unilocular or septated pancreatic cystic lesions communicating with the pancreatic ducts.



## ANALYSIS

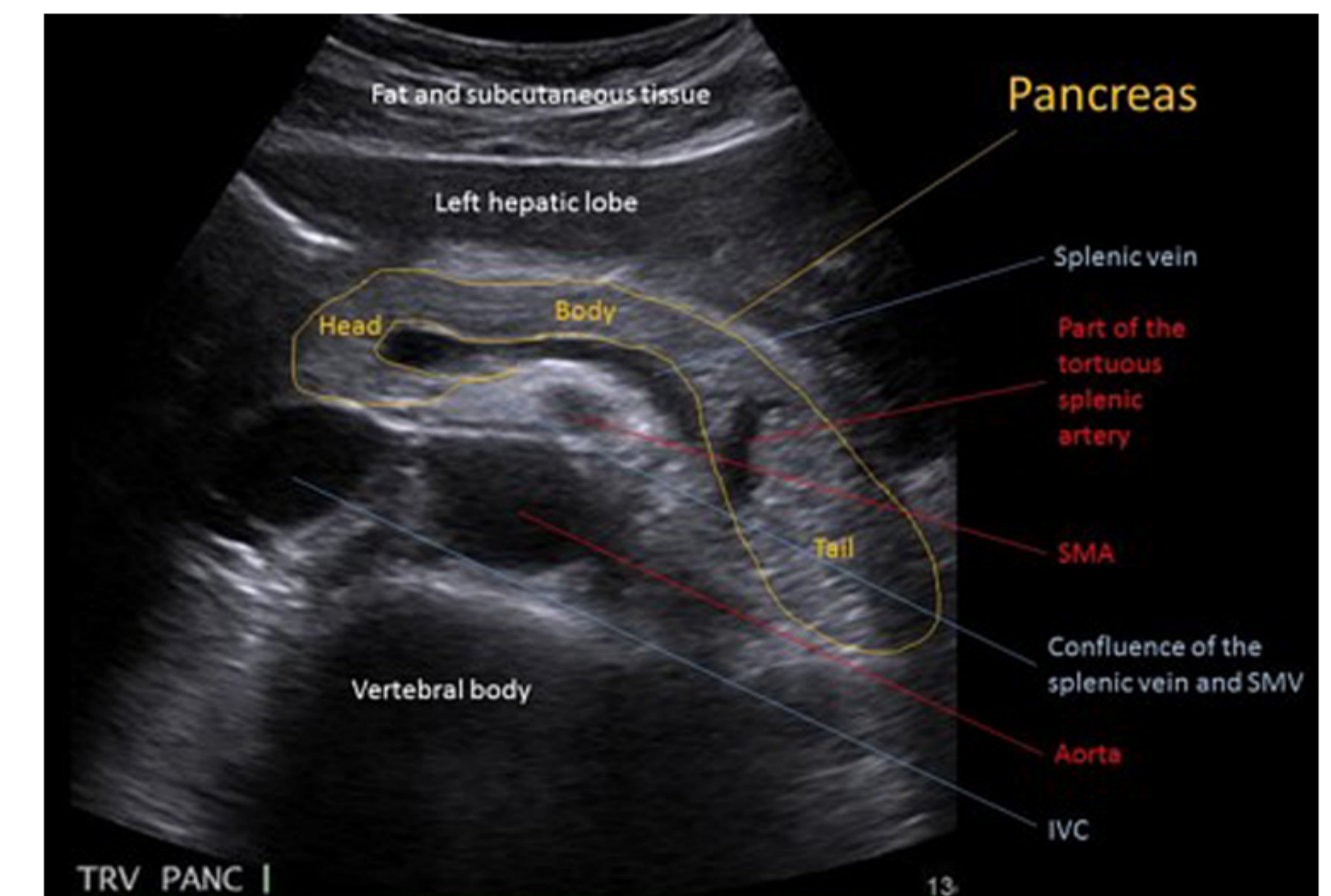
Twelve patients with IPMN underwent surgery between May 2005 and December 2008, including 4 (33.3%) with adenoma and 8 (66.7%) with adenocarcinoma. IPMN was classified preoperatively into 3 types based on sonographic findings of different sites: main duct, branch duct, and combined type. All clinical presentations and ultrasonographic findings of those patients were reviewed and the correlation between ultrasonographic findings and histopathological results was analyzed.

There were 9 men and 3 women with a mean age of 60.1 +/- 9.6 years (range, 32-73). Of all the 12 patients with IPMN, 9 (75.0%) had experienced some symptoms of epigastric discomfort and/or pain as well as backache; 7 cases were with medical history of acute pancreatitis, 5 cases with diabetes, 4 cases with elevated CA19-9, and 2 cases with steatorrhea. All lesions of IPMN have been revealed by transabdominal ultrasonography. The mean diameters of the lesions were 1.4 +/- 0.8 cm (range, 0.5-2.0) and 6.3 +/- 6.0 cm (range, 2.0-20.0) in adenomas and adenocarcinomas, respectively. And the mean diameters of the main duct in adenomas and adenocarcinomas were 1.0 +/- 0.8 cm and 1.6 +/- 1.0 cm, respectively. Among the 4 adenomas, 3 (75.0%) cases were classified as branch type based on sonographic findings, and 2 were demonstrated as mural nodules in which no color signals was detected. Among the 8 adenocarcinomas, 5 (62.5%) cases were classified as main duct type, and 3 (37.5%) as combined type. In 7 of the 8 adenocarcinomas, mural nodules were detected within the dilated ducts or cysts of the lesions in which color flow signals were detected.

Transabdominal ultrasonography can reveal the pancreatic cystic lesions of IPMN as well as dilated pancreatic ducts. Some characteristics should be noticed as suggesting the possibility of malignancy: clinical symptoms of pancreatic insufficiency, large tumor size, and mural nodules with color Doppler flow signals. Transabdominal ultrasonography could be a useful tool to help diagnose and make appropriate management of IPMN.

## EDITOR'S CORNER

Ultrasound may demonstrate small thin-walled pancreatic cysts or dilated hypoechoic ducts (main pancreatic duct over 5 mm in calibre). Diffuse main duct type has appearances essentially indistinguishable from chronic pancreatitis, with duct dilatation and parenchymal atrophy. Mural nodules and mucin globules may appear hyperechoic, and difficult to separate from adjacent pancreatic parenchyma.



Pancreatic cancer has the lowest survival rate of the 20 most common cancers. In the UK, less than seven percent of people with pancreatic cancer will survive beyond five years, and currently less than 1.3 percent of cancer research funding is directed toward pancreatic cancer. Since its establishment in 2003, Pancreatic Cancer UK has been dedicated to supporting all those affected by the disease, in part by funding innovative research to find the breakthroughs that will change how we understand, diagnose, and treat pancreatic cancer.

## LMDS News

LMDS ex Medical Director Dr. M. Aslam. MD FRCR Senior consultant Radiologist. Will join to assist to enhance the quality & performance. Dr. Aslam will be clinical Director.

## EVENTS

CPD teaching on current Topics related to CQC, Mandatory Trainings, Significant Events & Clinical Topics will be discussed. This will form part of In House Training and for all primary care physicians. The course will include current regulatory guidelines. Time for the event will be third week of the month on a Sunday between 4pm to 4.45pm. All attendees will be issued with CPD Certificates.