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Intaductal Papillary Mucinous Neoplasm in an 18-year-old with Recurrent Pancreatitis

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Introduction

- **Intraductal Papillary Mucinous Neoplasms (IPMN)**
 - Premalignant
 - Mucin Secreting cystic lesion
 - Rare in pediatric population (commonly 6th to 7th decade)
- Previously reported in a 14yo and a neonate

Case

18-year-old male

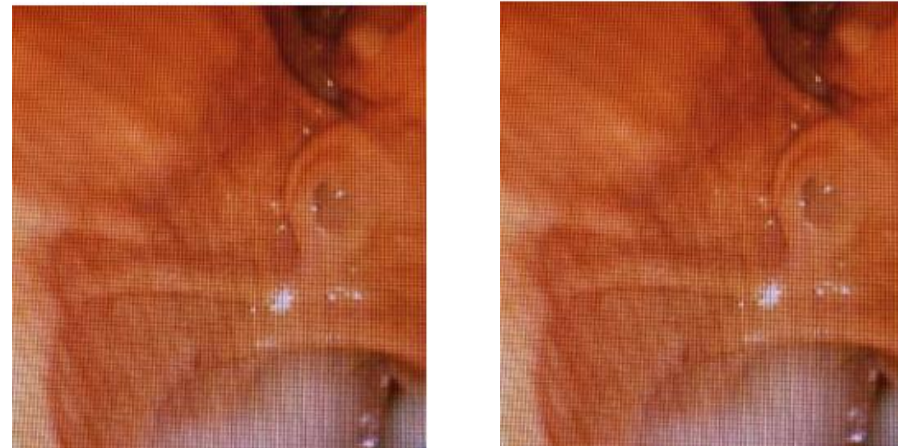
- When 15 years old presented acute recurrent pancreatitis
- **Investigations:**
 - Normal CBC, electrolytes, triglycerides and IgG4 levels
 - Pancreatitis gene panel normal including: PRSS1, SPINK1, CFTR, CASR, CTSC and CPA1 genes.

• Fig.1. Major Papilla with "Fisheye" appearance with mucin

• Fig.2. Endoscopic Ultrasound with cystic lesion

Imaging & Procedures

- **MRCP:** Focal irregular dilation of the pancreatic duct with concern santorinocele
- **ERCP and EUS:** mucin in the major papilla with a "fisheye" appearance and cystic lesion 7x22mm communicating with the pancreatic duct in the head of the pancreas.



Discussion

- **Incidence:** 0.48-2.04/100,000
- Pediatric IPMN progresses to adenoma, carcinoma-in-situ and invasive carcinoma in 5 years.
- **IPMN classification:**
 - Main duct IPMN
 - Branch duct IPMN
 - Mixed type IPMN (higher risk)
- **Clinicopathologic features**
 - Cyst size >3cm
 - Thickened or enhancing cyst walls
 - Main duct size 5-9mm
 - Non-enhancing mural nodules
 - Abrupt change in pancreatic duct caliber with distal pancreatic atrophy and lymphadenopathy

Conclusion

- IPMNs need to be included as a differential diagnosis of pediatric pancreatic lesions associated with pancreatitis.

