

 PANCREATIC CANCER

Dilated orifice of the duodenal papilla predicts intestinal type IPMN

“The sensitivity of current factors used to predict malignant intraductal papillary mucinous neoplasm (IPMN) is not high,” says Masao Tanaka (Kyushu University, Japan). “Thus, more sensitive factors predictive of malignant IPMN ... are necessary to adequately determine the surgical indication for IPMN.”

In a recent study, Tanaka and colleagues identified a dilated orifice of the duodenal papilla (diameter >3 mm) as a potential predictive factor. The researchers retrospectively analysed the medical records of 149 patients who underwent resection of an IPMN. Univariate and multivariate analyses were used to assess 13 preoperative parameters (including a dilated orifice of the duodenal papilla) as possible predictors of malignancy or histological subtype.

They found that a dilated orifice of the duodenal papilla is associated with an intestinal type IPMN (rather than gastric, pancreatobiliary or oncocytic); however,

this parameter could not predict the malignant grade.

Although intestinal type IPMNs have a higher prevalence of malignancy and invasive carcinomas derived from them, these IPMNs often have a better prognosis after surgery than other histological subtypes; a dilated orifice of the duodenal papilla could be a good indication for surgery. “Thus, our current study might lead to improved clinical management of patients with IPMNs,” says Tanaka.

As the histological grade and subtype of IPMN could not be predicted in all patients, Tanaka notes that his team is working to improve the sensitivity of the preoperative assessments.

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