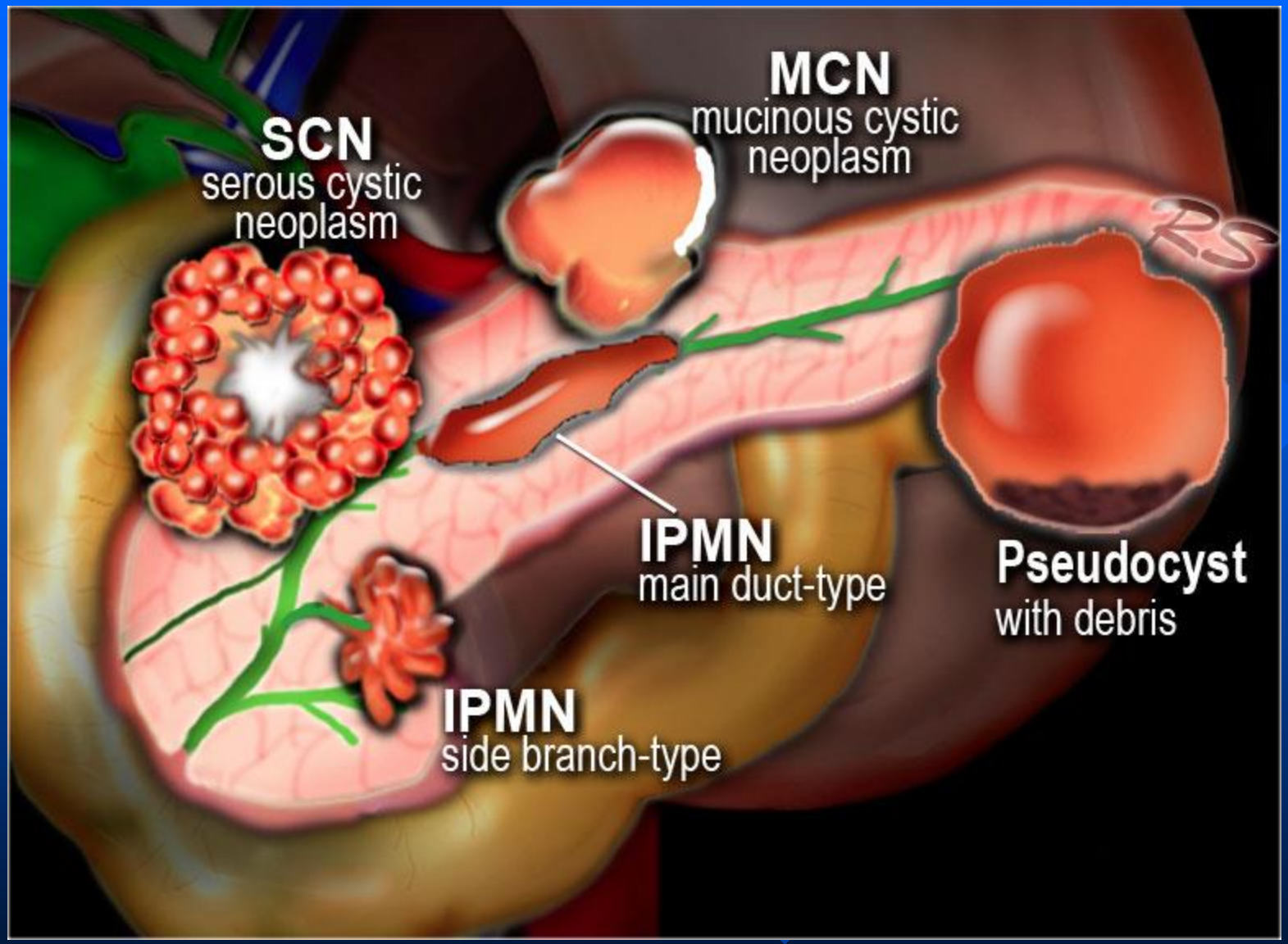
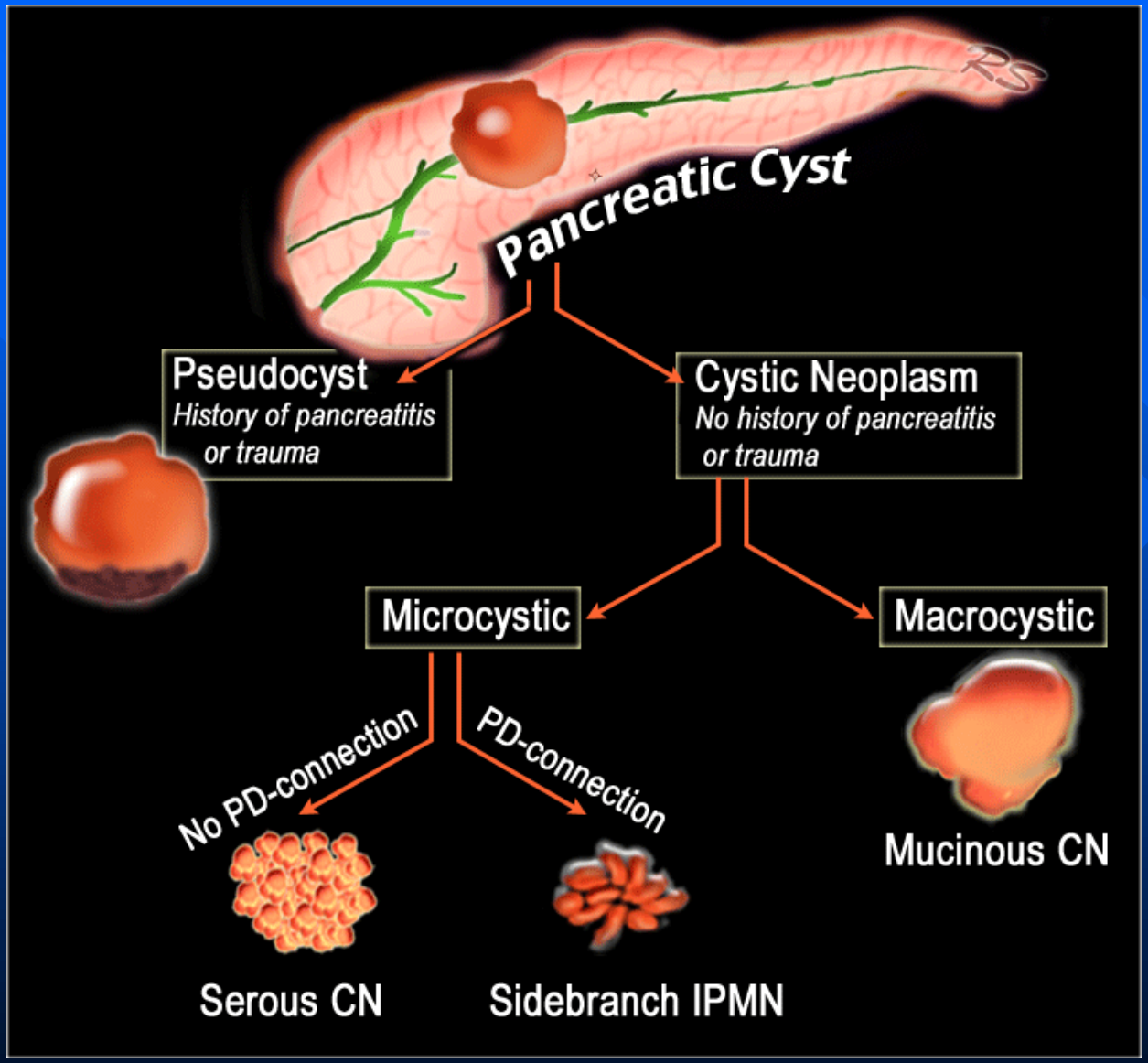
DDx:

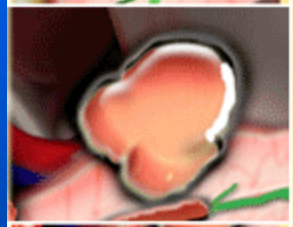
- Pancreatic pseudocyst
- Pancreatic intraductal papillary mucinous neoplasm (IPMN)
- Pancreatic serous cystadenoma
- Mucinous cystic neoplasm (MCN)
- Lymphangioma (mesenteric cyst)
- Cystic neuroendocrine tumor

Clinical Issues

- ACR incidental findings committee suggests simple pancreatic cysts measuring ≤ 2 cm can be safely followed
- Simple pancreatic cysts in setting of a known syndrome (VHL, ADPKD, CF) are almost certainly benign
- Larger lesions or lesions with suspicious morphologic features often require EUS or cyst aspiration and consideration for surgical resection
- Based on imaging alone, nonneoplastic cysts cannot be reliably distinguished from simple-appearing neoplastic cysts (such as IPMNs)
- Endoscopic US with cyst aspiration can play a valuable role in risk stratifying pancreatic cysts with indeterminate imaging features

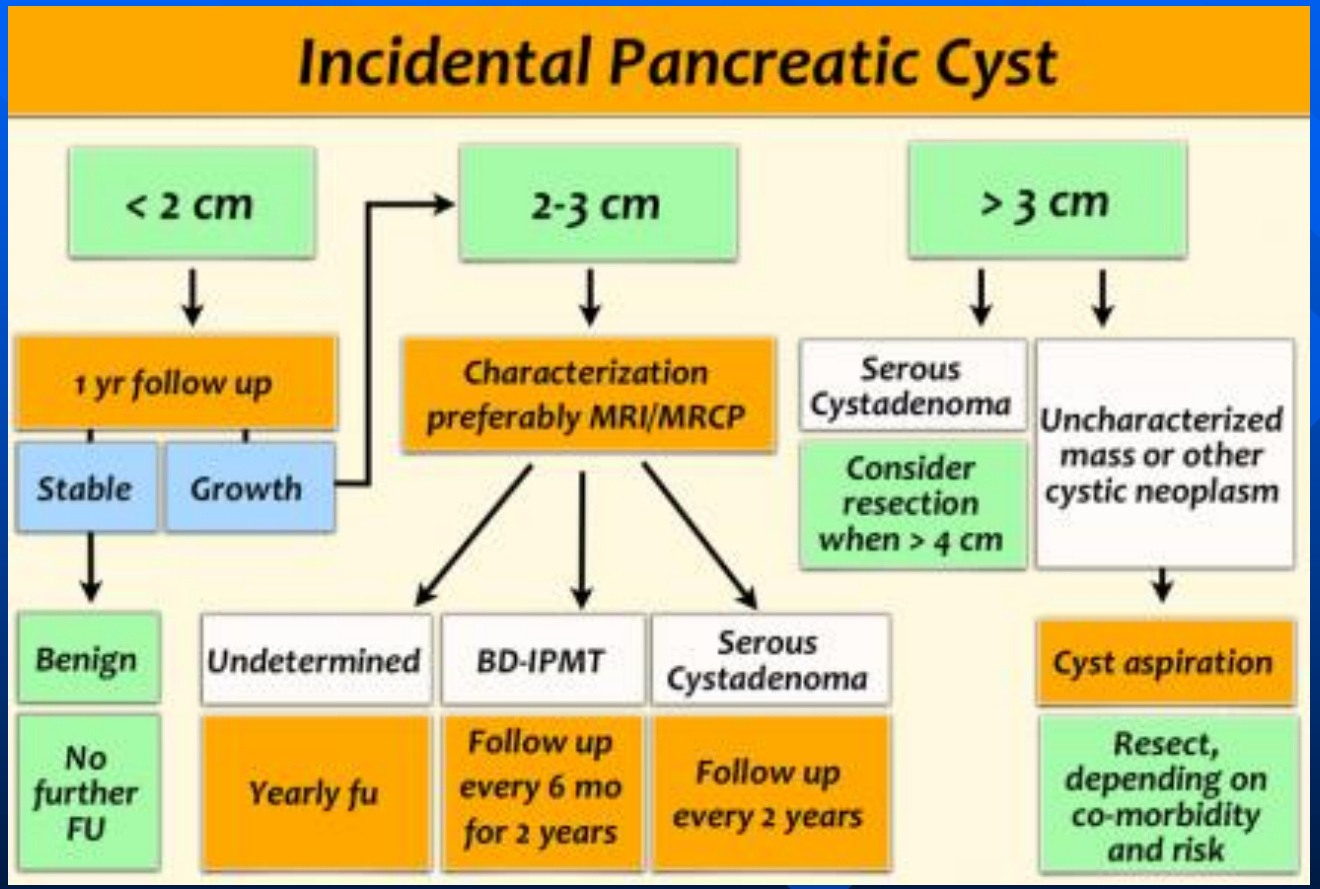

MCN
mucinous cystic
neoplasm
SCN
serous cystic
neoplasm
RS
IPMN
main duct-type
Pseudocyst
with debris
IPMN
side branch-type


Pancreatic Cyst
Pseudocyst
History of pancreatitis or trauma
Cystic Neoplasm
No history of pancreatitis or trauma
Microcystic
Macrocystic
No PD-connection
PD-connection
Mucinous CN
Serous CN
Sidebranch IPMN

		Age - Gender	Imaging
	**SCN** Benign	75% women 60-70 y **Grandma**	Lobulated microcystic 18% central scar with Ca^{++}
	**MCN** Malignant potential	99% women 40-50 y **Mother**	Macrocystic Usually 1 cyst 25% peripheral Ca^{++} 95% in tail and body
	**Main-duct IPMN** Malignant potential	M=W 60-80 y	Dilated Pancreatic duct Protruding papil of Vater
	**Side-branch IPMN** Malignant potential	M=W 60-80 y	Bunch of grapes connection to PD

How to report

Cyst	**Report:** Size Location Multiplicity Soft tissue component	**Worrisome:** Size > 3 cm Thickened/ enhancing wall Presence of non-enhancing nodules **High Risk:** Enhancing solid component
Main PD	**Report:** Duct dilatation Connection to cyst Change in calibre Distal pancreatic atrophy	**Worrisome:** Dilatation 5-9 mm Change in calibre PD with distal pancreatic atrophy **High Risk:** Dilatation > 10 mm
Lnn	**Report:** Enlarged nodes	**High Risk:** Enlarged nodes


Incidental Pancreatic Cyst
< 2 cm
2-3 cm
> 3 cm
1 yr follow up
Stable
Growth
Characterization preferably MRI/MRCP
Serous Cystadenoma
Consider resection when > 4 cm
Uncharacterized mass or other cystic neoplasm
Benign
No further FU
Undetermined
Yearly fu
BD-IPMT
Follow up every 6 mo for 2 years
Serous Cystadenoma
Follow up every 2 years
Cyst aspiration
Resect, depending on co-morbidity and risk