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Intraductal Papillary Mucinous Neoplasm of the Pancreas; Up-to-Date. The **pancreatic cancer** is a pathology associated with high rates of mortality. The **IPMN** develops from the epithelial **ductal pancreatic cells** and it expresses as **cystic dilation** of the main **pancreatic duct** and/or its branches, being part of the differential diagnosis...

Pancreatic surgery: we need clear definitions

https://www.researchgate.net/publication/328767403_Pancreatic_surgery_we_need_clear...

Background **Pancreatic** surgery has undergone substantial changes during the last decades. Improved surgical techniques and perioperative care have contributed to improved outcomes

Pancreatic Adenocarcinoma | NEJM

<https://www.nejm.org/doi/full/10.1056/NEJMra1404198>

Surgery. **Surgical resection** is the only potentially curative therapy for **pancreatic cancer**. Assessment of the primary **tumor** and involvement of the local vessels, including the **celiac artery**, superior **mesenteric artery** and vein, portal vein, and **hepatic artery**, is critical in determining resectability (...

of the Pancreas Club

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[PDF] National Familial Pancreas Tumor Registry NFPtr NEWS

pathology.jhu.edu/pancreas/PDF/newsletter2005.pdf

were found to have an **intraductal papillary mucinous neoplasm (IPMN)**. Importantly, these precursors produced changes in the adjacent **pancreas** and the investigators believe that these changes are detectable by endoscopic ultrasound. They concluded that some individuals with a family history of **pancreatic cancer** develop multiple precursor

Med-Surg Exam 1 Flashcards | Quizlet

<https://quizlet.com/189969263/med-surg-exam-1-flash-cards> ▾

Med-Surg Exam 1. the net fluid movement into or out of the capillary *Determined by the difference between forces favoring filtration and those opposing filtration *tug of war action *movement of water through a cell/ blood vessel bc of **water pressure** differences on both sides of the membrane *blood is thicker than water *blood pressure is example...

Observation or resection of pancreatic intraductal papillary mucinous neoplasm: An ongoing tug of war

Jan Rune Aunan, Nigel B. Jamieson, Kjetil Søreide

Abstract

An increasing number of patients are being referred to pancreatic centres around the world due to often incidentally discovered cystic neoplasms of the pancreas. The evaluation and management of pancreatic cystic neoplasms is a controversial topic and with existing guidelines based on a lack of strong evidence there is discordance between centres and guidelines with regard to when to offer surgery and when to favour surveillance. The frequency, duration and modality of surveillance is also controversial as this is resource-consuming and must be balanced against the perceived benefits and risks involved. While there is consensus ³ that the risk of malignancy should be balanced against the life-expectancy and comorbidities, the indications for surgery and surveillance strategies vary among the guidelines. Thus, the tug of war between surveillance or resection continues. Here we discuss the recommendations from guidelines with further accumulating data and emerging reports on IPMN in the literature.

INTRODUCTION

An increasing number of patients are being referred to pancreatic centres around the world due to often incidentally discovered cystic neoplasms of the pancreas. High quality radiological imaging is ever increasing and although pancreatic cystic neoplasms have – most likely – always existed, it is only more recently that guidelines for follow-up, diagnosis, and management have been issued^[1]. These guidelines themselves are based on the scarce data available. Intraductal papillary mucinous neoplasm (IPMN) was first described in 1982 by Ohashi and was until the turn of the millennium considered a rare entity, but is now among the most commonly discovered and surgically resected pancreatic cystic lesions^[2].

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Observation or resection of pancreatic intraductal papillary mucinous neoplasm: A



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Intraductal Papillary Mucinous Neoplasm of the Pancreas; Up-to-Date. The intraductal papillary mucinous neoplasm (IPMN) is a proven precursory lesion of pancreatic cancer, maybe the most important. The pancreatic cancer is a pathology associated with high rates of mortality. The IPMN develops from the epithelial ductal pancreatic cells...

Pancreatic Resection for Side-Branch Intraductal Papillary ...

https://www.researchgate.net/publication/278047463_Pancreatic_Resection_for_Side...

Given the malignant potential of main duct intraductal papillary mucinous neoplasm (M-IPMN), surgical resection is generally indicated. With regard to side-branch intraductal papi

intraductal papillary-mucinous neoplasms: Topics by ...

<https://www.science.gov/topicpages/i/intraductal+papillary-mucinous+neoplasms.html> ▾

Jun 01, 2018 · **Intraductal papillary mucinous neoplasm (IPMN)** of the pancreas is a primary pancreatic ductal epithelial neoplasm with the potential to develop into an invasive adenocarcinoma. This study aimed to investigate the clinicopathologic and prognostic significance of four potential biomarkers for the preoperative evaluation of patients with IPMN.

Molecular Pathogenesis of Pancreatic Cancer - ScienceDirect

<https://www.sciencedirect.com/science/article/pii/S1877117316300771>

Pancreatic endocrine tumors can be readily diagnosed due to their excessive hormone secretion, which leads to dramatic symptoms such as hypoglycemia or necrolytic migratory erythema (skin rash). 12 **Pancreatic cancers** derived from exocrine cells are much more common than endocrine tumors and can typically be classified into two histological subtypes. The **pancreatic ductal adenocarcinoma (PDAC)** subtype accounts for the majority of exocrine tumors and constitutes more than 90% of all pancreatic ...

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Author: T.J. Grant, K. Hua, A. Singh

Publish Year: 2016