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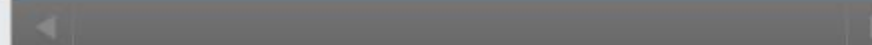
**Manuscript Type:** MINIREVIEWS

**Benign *vs* malignant pancreatic lesions: Molecular insights to an ongoing debate**

Aldyab M *et al.* Molecular insights to pancreatic mass lesions

Mahmoud Aldyab, Tony El Jabbour, Megan Parilla, Hwajeong Lee

## Match Overview



- 1** **Crossref** 17 words  
Wolfgang Schima, Gernot Böhm, Christiane S. Rösch, Alexander Klaus, Reinhold Függer, Helmut Kopf. "Mass-formin" 1%
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Benign Versus Malignant Pancreatic Lesions: Molecular Insights to



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Neoplasms of the **pancreas** comprise a broad spectrum and are generally classified according to their histological differentiation as epithelial or non-epithelial and according to their biological behaviour in **benign**, pre-malignant or **malignant** neoplasms. Epithelial neoplasms can be either exocrine or endocrine, while the group of exocrine

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PCTs comprise a spectrum from **benign** to **malignant tumors**. SCN and ACA are **benign tumors**, with rare **malignant** cases reported. IPMN, MCN, and ITPN represent a spectrum of **lesions** from low-grade dysplasia to high-grade dysplasia, to invasive carcinoma. CPEN and SPT are low-grade malignant tumors.

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In both cases **molecular** analysis correctly identified the **lesion**, while cytology was unsatisfactory in the case of chronic pancreatitis, and initially diagnosed a **benign** mucinous **lesion** in the case of adenocarcinoma (repeat FNA was performed following the diagnosis of malignancy by **molecular** analysis, and repeat cytology diagnosed the **lesion** as suspicious for malignancy).

Cited by: 29

Author: Adam D Toll, Thomas Kowalski, David Lor...

Publish Year: 2010

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How are cystic lesions of the pancreas classified? ▾

What ' s The difference between pancreatobiliary and gastric cancer? ▾

Can benign tumors grow larger? ▾

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**Pancreatic cystic lesions** are an increasingly common clinical finding. They represent a heterogeneous group of **lesions** that include two of the three known precursors of **pancreatic** cancer, intraductal papillary mucinous neoplasms (IPMN) and mucinous cystic neoplasms (MCN). Given that approximately 8% of **pancreatic** cancers arise from these **lesions**, careful surveillance and timely surgery offers ...

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