

Surgical Aspects of Intraductal Papillary Mucinous Neoplasms of the Pancreas

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Abstract

Intraductal papillary mucinous neoplasms (IPMN) play an important role amongst exocrine tumours of the pancreas due to several causes. Although they count for only 1% of all the tumours, they represent some 20-30% of all cystic neoplasms, a histologically defined group that has gained a lot of attention lately. IPMNs of the main or the secondary (branch) pancreatic ducts have remarkably different rates of malignant transformation, prognosis and thus indication for surgery. Prognosis of a ductal carcinoma developing from IPMN does not differ from 'classic' ductal adenocarcinoma, with a very poor (10%) 5-year survival rate. However, prognosis of IPMN can still be regarded favourable, because the above rate can be as high as 70% if the tumour is non-invasive. This fact leads to the importance of diagnosing and resecting IPMN before its malignant transformation into an invasive carcinoma.

Key words: intraductal papillary mucinous neoplasm, pancreas