

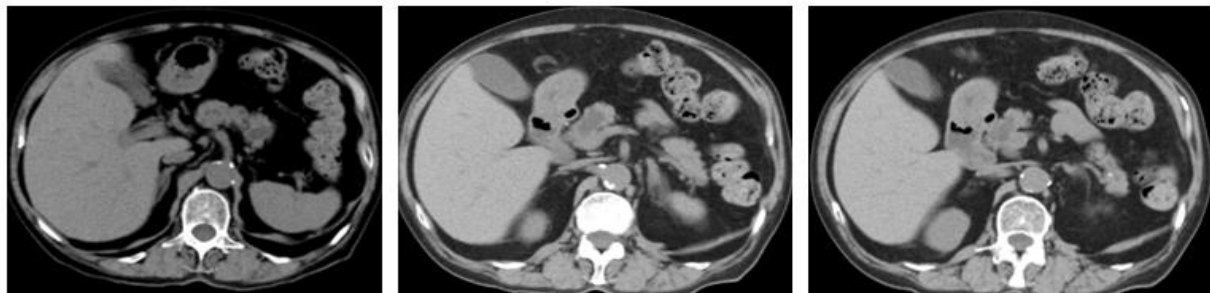
# A Case of the Week

## Case 432

A seventy-year-old female presented with a letter from a local hospital where she took healthy survey examination including abdomen ultrasound. It said that she had a cystic lesion in the pancreas head with pancreatic dilatation. She came to consult with our staff for second opinion. She took abdomen CT for further examination. (Figs 1-4).

## IPMN high risk stigmata

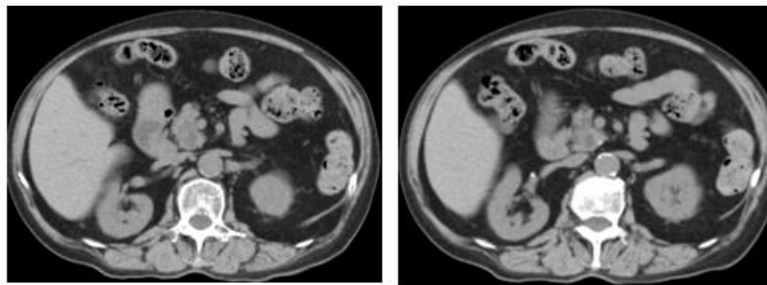
70代 女性



A

B

C



D

E

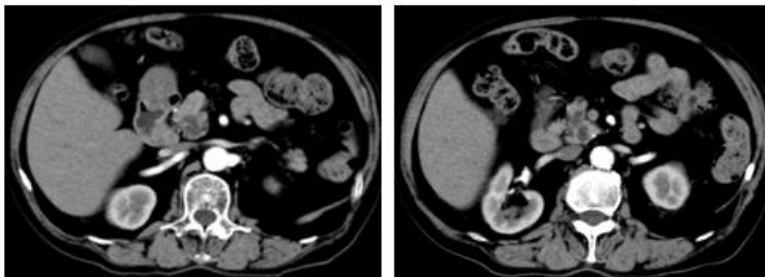
Fig.1 Pancreatic cysts (A-E) and dilatation of pancreatic duct whose diameter (B) is 11mm, are depicted on axial non-enhanced CT.



A

B

C



D

E

Fig.2 Pancreatic cysts (A-E) and dilatation of pancreatic duct whose diameter (B) is 11mm, are clearly depicted on arterial phase of axial contrast-enhanced CT .

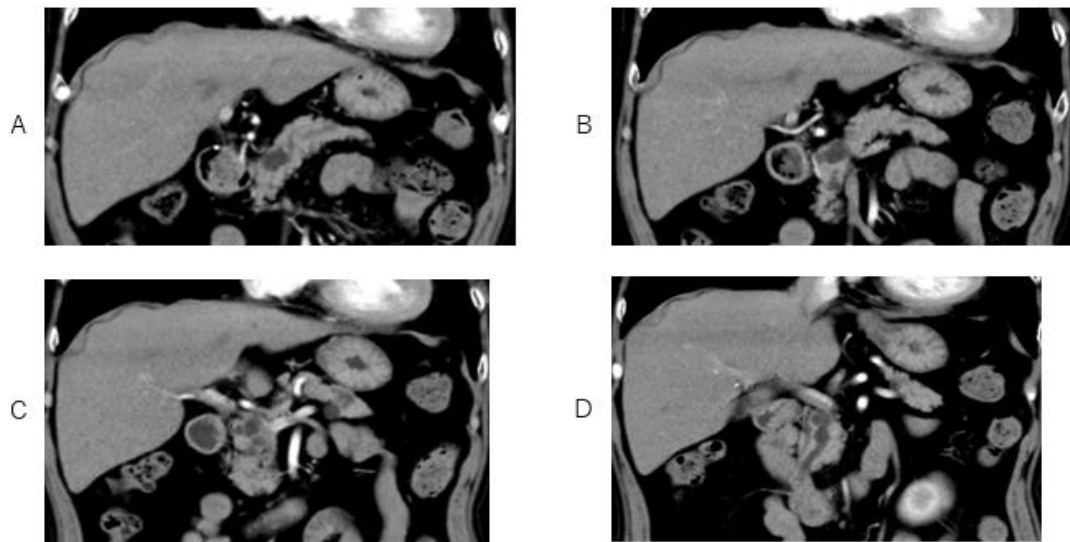


Fig.3 Pancreatic cysts (A-D) and dilatation of pancreatic duct whose diameter (A, B) is 11mm, are clearly depicted on arterial phase of coronal contrast-enhanced CT. Note accumulation of pancreatic cysts in the pancreas head is depicted on arterial phase of contrast-enhanced CT.



Fig.4 Accumulation of pancreatic cysts and dilatation of pancreatic duct whose diameter, are clearly depicted on arterial phase of sagittal contrast-enhanced CT. Note accumulation of pancreatic cysts in the pancreas head is depicted.

What is your proper imaging diagnosis?

1. Pancreas cancer
2. Intraductal papillary mucinous neoplasm (high risk group)
3. Intraductal papillary mucinous neoplasm(low risk group)
4. Mucinous cystadenoma

answer

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