

Management of Cystic Pancreatic Mass

- **High risk features** (obstructive jaundice, enhancing solid component within cyst, main pancreatic duct ≥ 10 mm)
 - Consider Surgery

- **Worrisome features?** (clinical: pancreatitis; Imaging: i) cyst >3 cm, ii) thickened/enhancing cyst walls, iii) main duct size 5-9 mm, iii) non-enhancing mural nodule iv) abrupt change in caliber of pancreatic duct with distal pancreatic atrophy.
 - Yes – Endoscopic Ultrasound (Are any of these features present? Definite mural nodule, Main duct features suspicious for involvement, Cytology: suspicious or positive for malignancy)
 - Yes: Surgery
 - No: What is the size of the largest cyst (see below)
 - Inconclusive: Close f/u alternating MRI/EUS every 3-6 mo's; Strongly consider surgery if young, fit patients
 - No – What is the size of the largest cyst?
 - <1 cm - CT/MRI in 2-3 years
 - 1-2 cm - CT/MRI yearly x 2yrs (if stable lengthen interval)
 - 2-3 cm – EUS in 3-6 mo's, then lengthen interval alternating MRI & EUS as appropriate; consider surgery if young, fit patients
 - >3 cm – Close f/u alternating MRI/EUS every 3-6 mo's; Strongly consider surgery if young, fit patients

International consensus guidelines 2012 for the management of IPMN and MCN of the pancreas: *Pancreatology 12 (2012) 183-197.*