
**Greater Manchester and Cheshire HPB Unit
Guidelines for the Assessment &
Management of Hepatobiliary and
Pancreatic Disease
Chapter 12**

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12. Pancreatic cystic lesions

12.1. *Classification and salient features of the more common pancreatic cystic lesions*

Features	Pancreatic pseudocyst	IPMN	Solid pseudopapillary tumour	Mucinous cystic neoplasm	Serous cystadenoma
Age	Any	70 - 80	~ 30	40 - 60	~ 60
Sex	No difference	Predominantly male	Predominantly female	Almost exclusively female	M:F = 1:3
Malignant potential	No	Yes	Yes	Yes	Exceptionally rare
Location	Any	Usually head	Anywhere	Usually tail	
Communication with PD	Apparent in ~65%	Yes	No	No	No
Size	Variable	>1 cm	Up to 10 cm	Usually > 5cm	Usually < 5cm
Other characteristic features	History of pancreatitis/trauma, risk of haemorrhage	Main or side branch	Heavy calcification, solid and cystic elements	Thick-walled, calcification	Central scar

12.2. *Radiological reporting standards for pancreatic cystic lesions*

- Size
- Location
- Communication with PD
- Size of PD
- Classify as:
 - Unilocular (eg. Pseudocyst, cystic degeneration of ductal adenocarcinoma, cystic NET)
 - Macrocystic (eg. MCN, IPMN, serous macrocystic adenoma)
 - Microcystic (eg. Serous cystadenoma, VHL, cystic NET)
 - Mixed solid/cystic (eg. Solid pseudopapillary tumour, cystic degeneration of malignant neoplasm)
- Calcification
- Mural nodules
- Thickness of wall and septations
- Complications (eg. Haemorrhage, fistulation)

12.3. Algorithm for management of pancreatic cystic lesions

