

PROGNOSIS

Patients who do not undergo surgery — Patients with intraductal papillary mucinous neoplasm (IPMN) of the pancreas who do not have indications for surgery are still at risk for developing pancreatic cancer and require surveillance [47]. The methods used for surveillance and the frequency of surveillance depend on the type of IPMN (main duct or branch duct) and the size of the lesion. (See 'Main-duct IPMN' above and 'Branch-duct IPMN' above and "Intraductal papillary mucinous neoplasm of the pancreas (IPMN): Pathophysiology and clinical manifestations", section on 'Pancreatic malignancy'.)

In a study of 60 patients with branch-duct (BD) IPMN who did not undergo surgery, invasive carcinoma subsequently developed in five patients (8 percent) and the risk of developing cancer was approximately 1 percent/year [62]. In a second study that included 170 patients who underwent surveillance, 97 patients (57percent) ultimately had surgery [63]. The indications for surgery were endoscopic or radiographic changes in the IPMN (55 percent), concern that the IPMN may be premalignant (eg, main-duct [MD] IPMN or BD-IPMN that met resection criteria; 29 percent), and suspicious cytology (11 percent). Invasive carcinomas were present in 18 patients (19 percent of the patients who underwent resection and 11 percent of the patients overall), 11 of which were tubular carcinomas (11 percent of those undergoing resection, 6 percent of the patients overall).

In a study that included 45 patients with IPMN who did not meet criteria for resection and who had at least one follow-up magnetic resonance cholangiopancreatography, no evolution of the IPMN was seen in 27 patients (60 percent) and morphologic changes (eg, increasing cyst diameter, appearance of mural nodules) developed in 18 patients (40 percent) [64]. In this series, no patient had malignant transformation