

Evidence Discussion Pancreatic Cystic Lesions (AB-31.1)

- Some pancreatic cystic lesions have malignant potential and need to be followed by either advanced imaging, endoscopic ultrasound, or both.
- Advanced imaging includes MRI, MRCP, and CT imaging as these modalities are most effective in characterizing these lesions. MRI abdomen or MRCP are the initial studies of choice. The American Gastroenterological Association states “MRI is the preferred surveillance imaging modality over computed tomography because MRI does not expose the patient to radiation and better demonstrates the structural relationship between the pancreatic duct and associated cyst. Also, MRI is less invasive than EUS”.² Thus, CT is reserved as an alternative for individuals who are unable to undergo MRI.
- Follow-up imaging may or may not be recommended based on the nature of the cystic lesion, the size, or change in size of the lesion and how rapidly the size of the lesion changes. Smaller lesions with no concerning characteristics or changes undergo less surveillance due to the small absolute risk of malignancy.² concerning features such as rapid increase in size have increased risk of malignancy and therefore undergo more frequent or longer-term surveillance intervals.

References:

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