

Surgical Experience and Results of IPMN in Taiwan

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Intraductal papillary mucinous neoplasm (IPMN) is a premalignant pancreatic entity, it is neoplasm of the pancreatic duct epithelium characterized by intraductal papillary growth and thick mucin secretion. This neoplasm is often multifocal. Early surgical resection is the treatment of choice to avoid malignant transformation when predictive factors for malignancy are present. These factors include localization, cyst greater than 3cm, nodules in the cystic wall, atypias in the cyst fluid and the presence of symptoms. The extent of resection required for adequate treatment of IPMN of the pancreas is still controversial.

There were several publications about IPMN from Taiwan in the past years, which included the molecular and clinical studies. We have accumulated 23 cases (12 males and 11 females) with malignant IPMN, who received operations in the past 10 years. Their ages were between 42 and 80. All the patients were found to have malignant changes after their tumors were resected, only one patient combined with pancreatic ductal adenocarcinoma in his resected pancreatic tissue. Among them, 21 patients were invasive types, one patient was borderline type and one patient was non-invasive type. The most common recurrent site after operation was the resectional margin of pancreas. The one, three and five survival of the 22 patients was 95.5%, 68.2% and 58.7%. The median overall survival time is 43.4 months.

Prognosis of IPMN is excellent after complete resection of benign and non-invasive malignant IPMN. The outcome of patients with malignant IPMN is significantly better than the patients with pancreatic ductal adenocarcinoma. Since patients with IPMN of the pancreas are at risk of developing recurrent IPMN and pancreatic ductal adenocarcinoma in the remnant pancreas and extra-pancreatic malignancies, early recognition, treatment, and systemic surveillance are of great importance