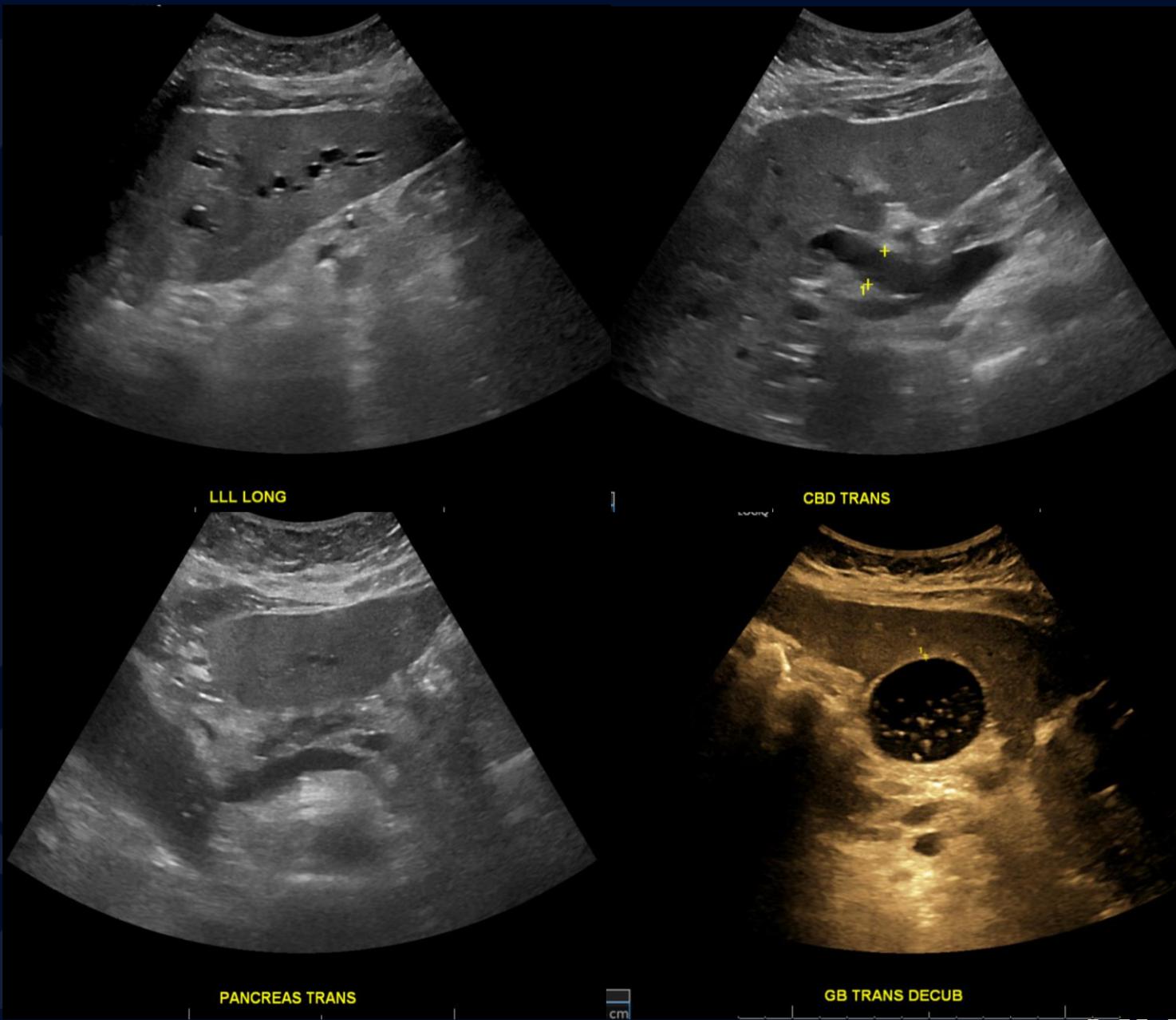
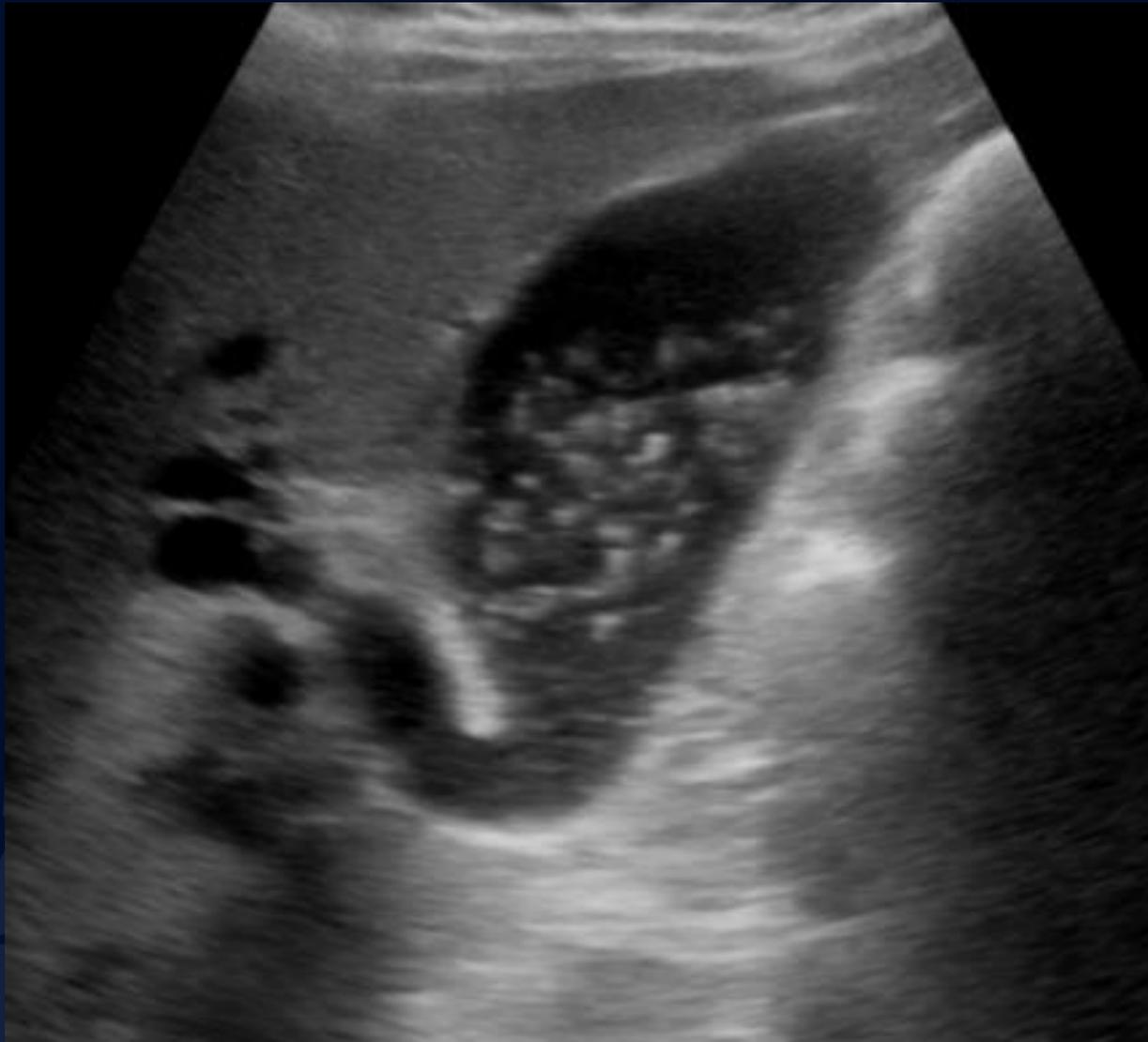


47-year-old female presenting
with unintended weight loss,
jaundice and abdominal fullness

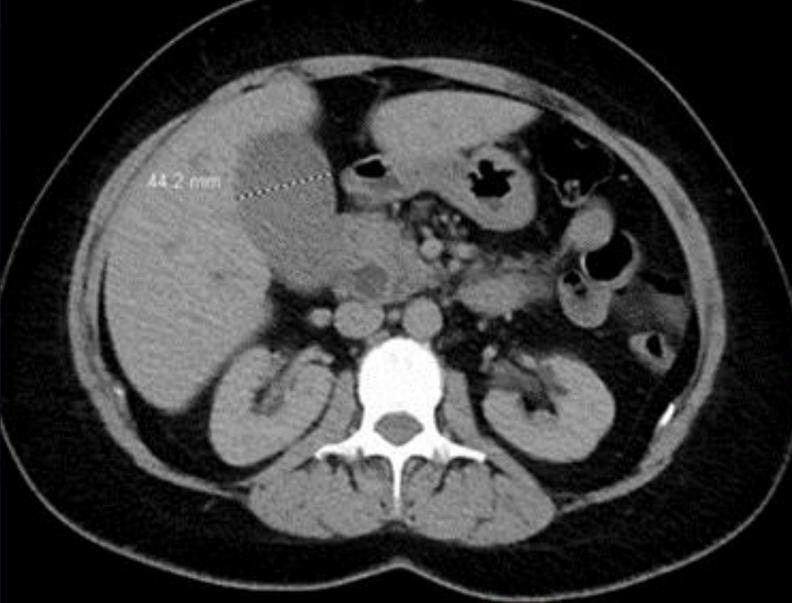
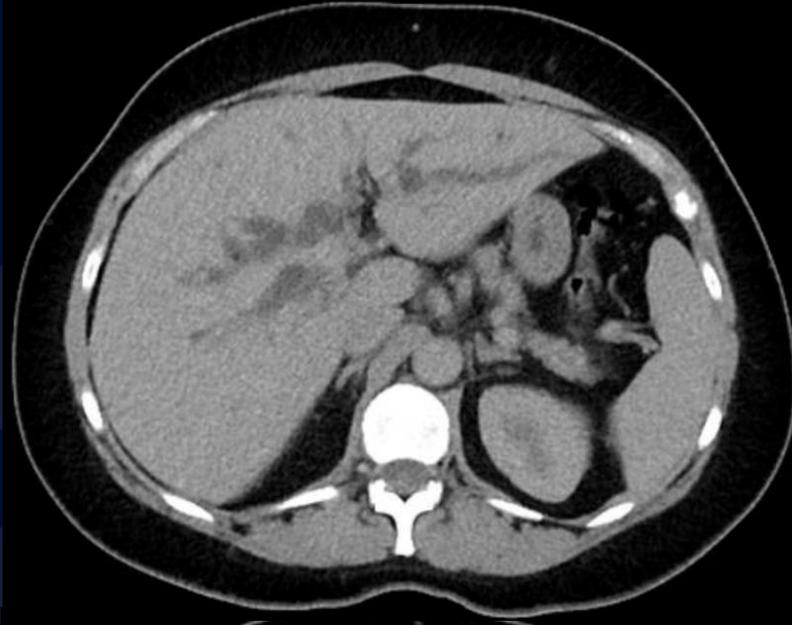
Gazal Gulati, MS3



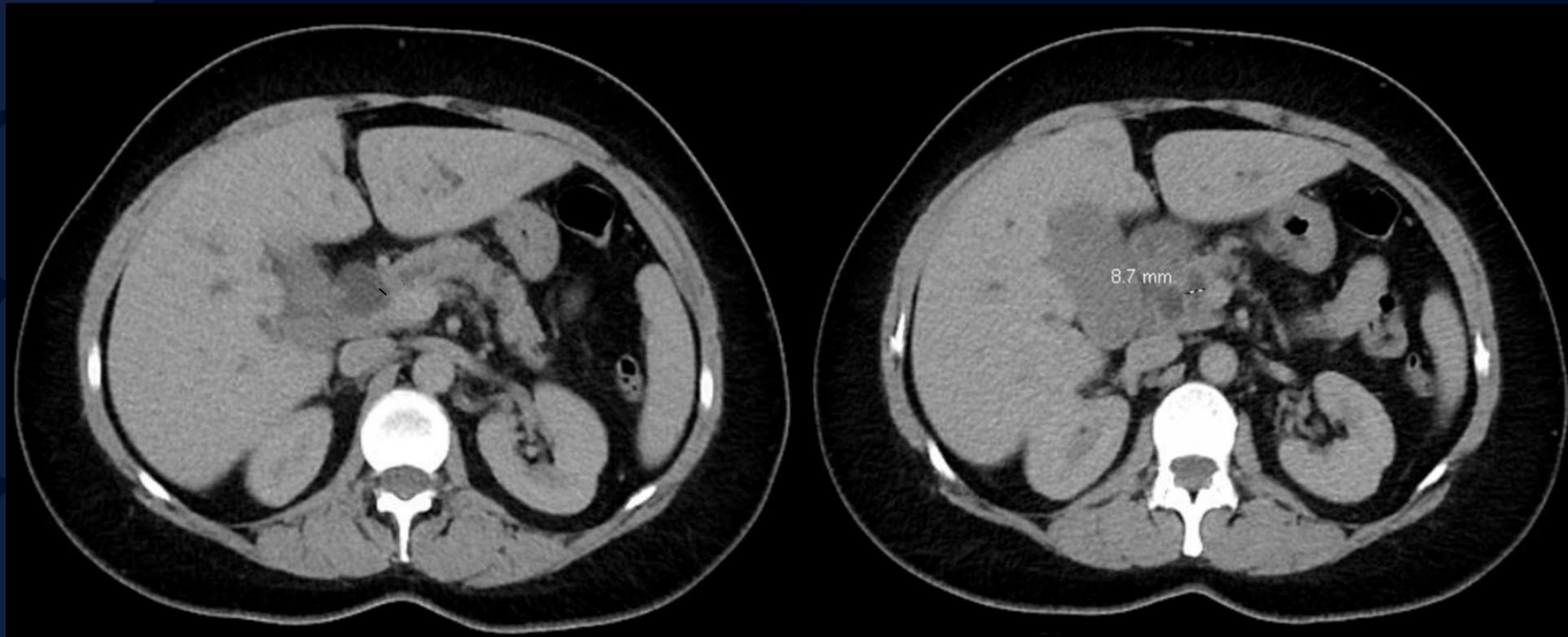
Right Upper Quadrant Ultrasound



Right Upper Quadrant Ultrasound



Non-contrast CT



Non-contrast CT

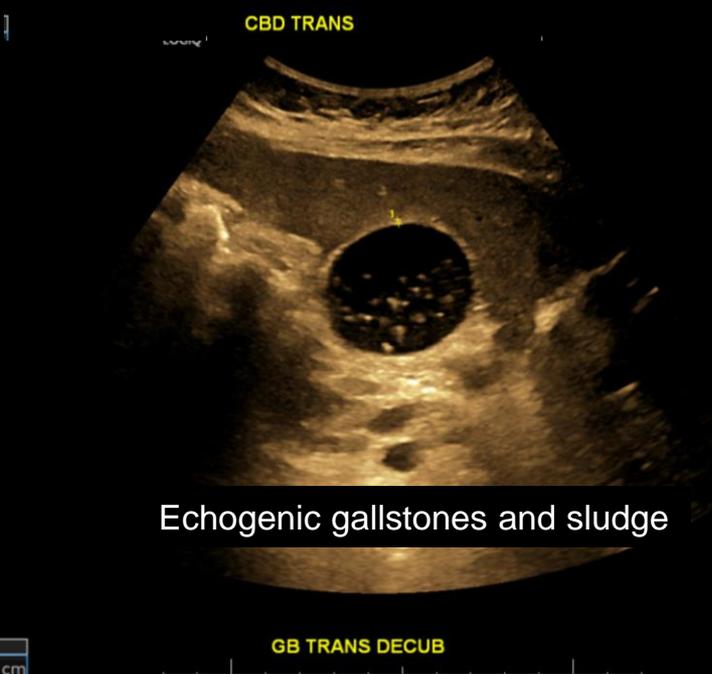
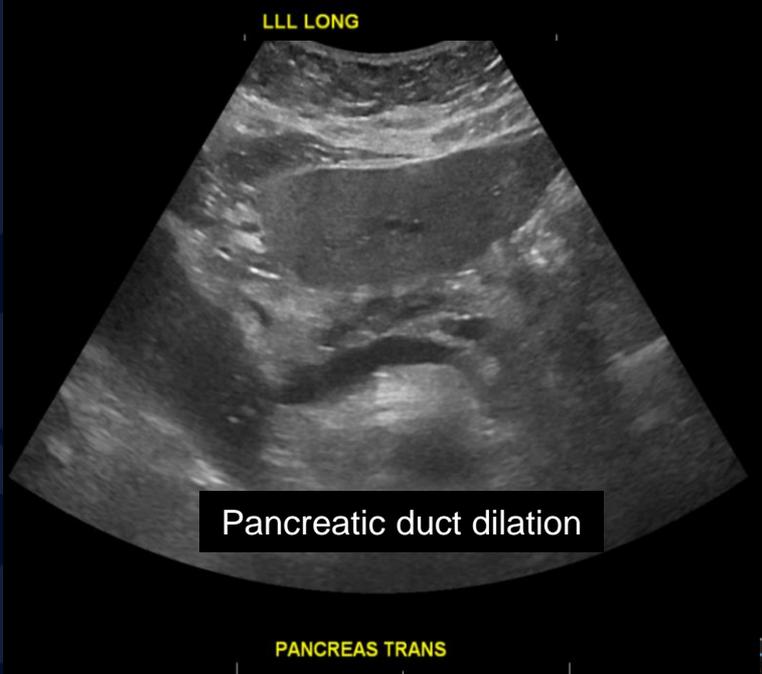
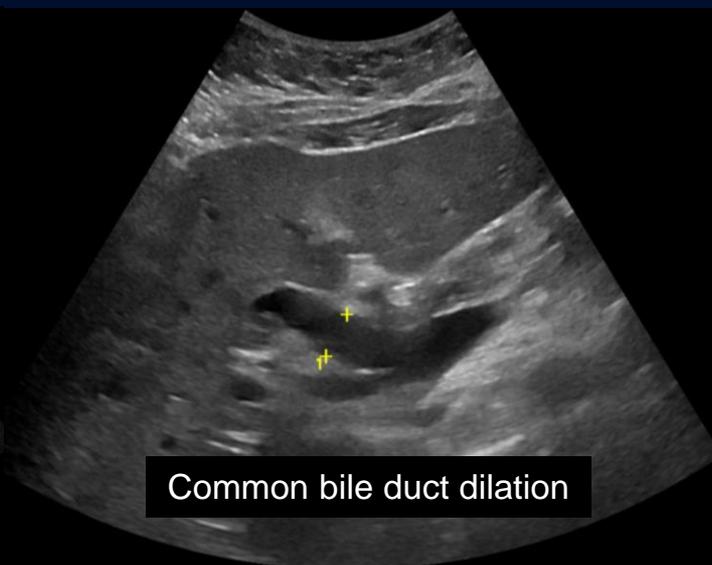
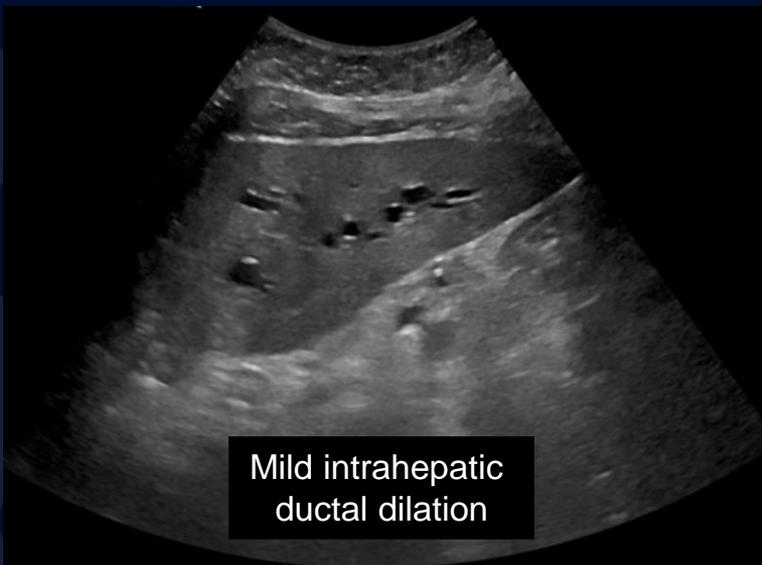


CT with Contrast

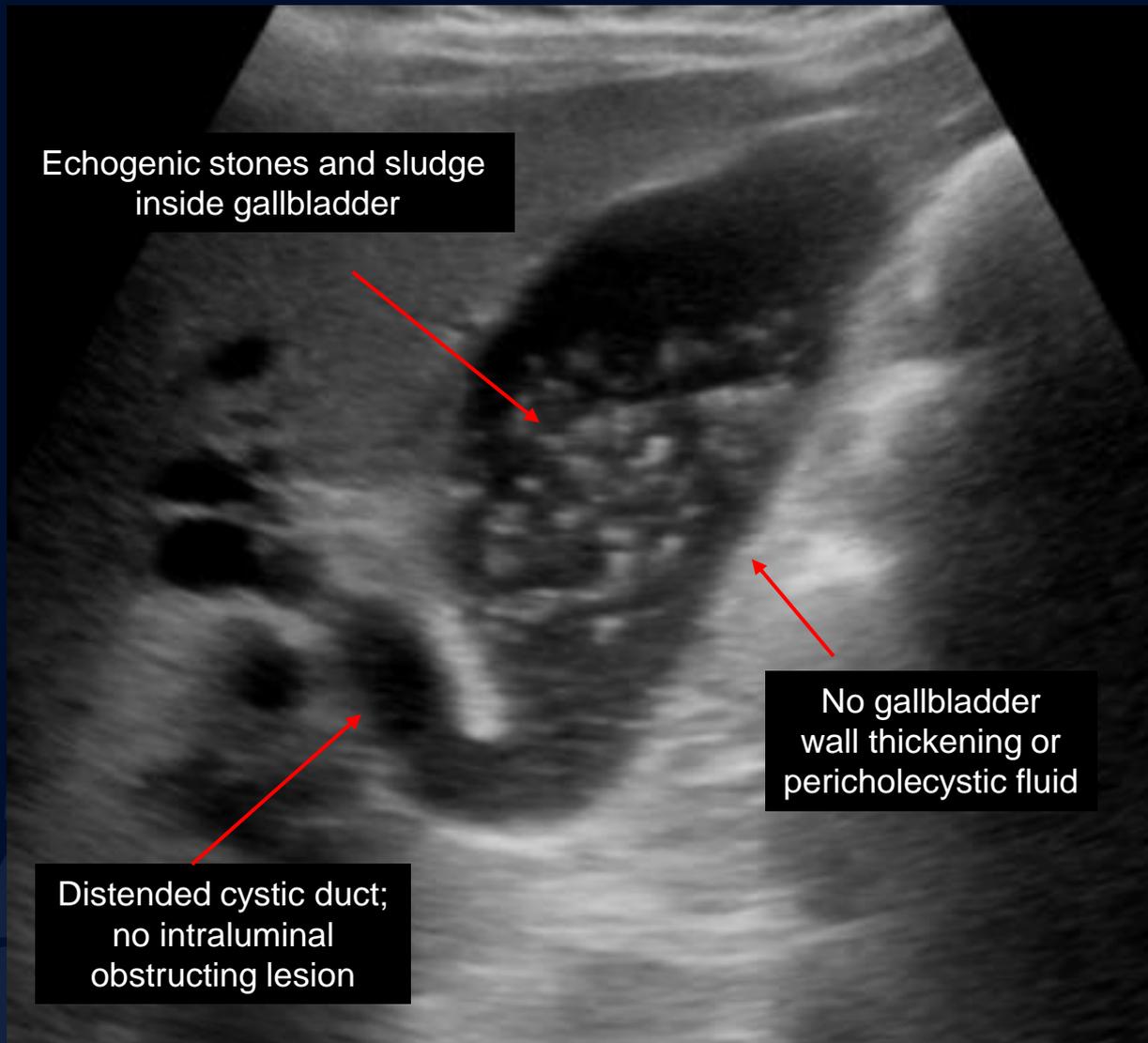
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

?

Pancreatic Adenocarcinoma



Right Upper Quadrant Ultrasound



Echogenic stones and sludge
inside gallbladder

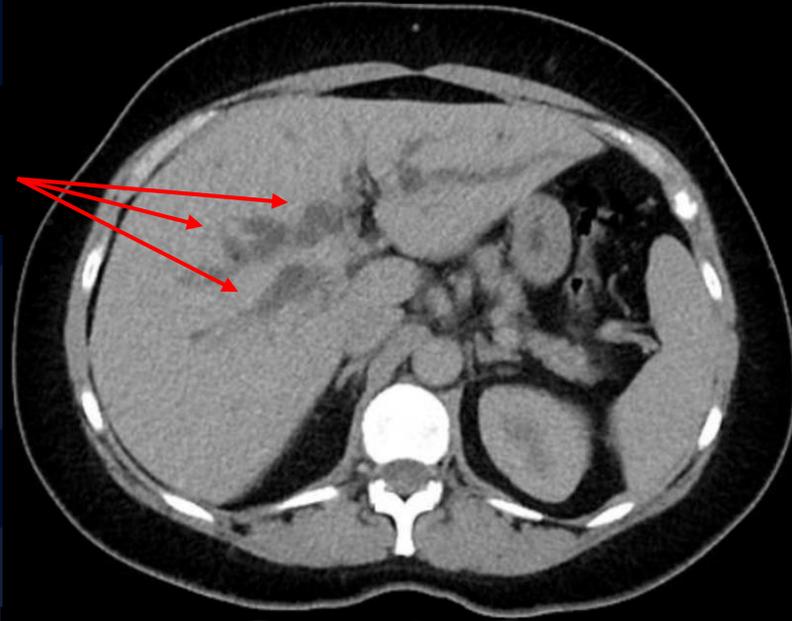
Distended cystic duct;
no intraluminal
obstructing lesion

No gallbladder
wall thickening or
pericholecystic fluid

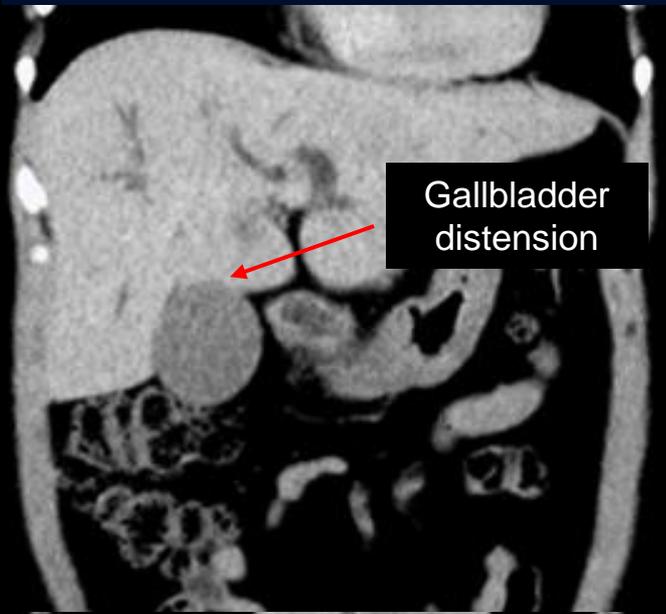
Negative
sonographic
Murphy's sign, as
per ultrasound
technician

Right Upper Quadrant Ultrasound

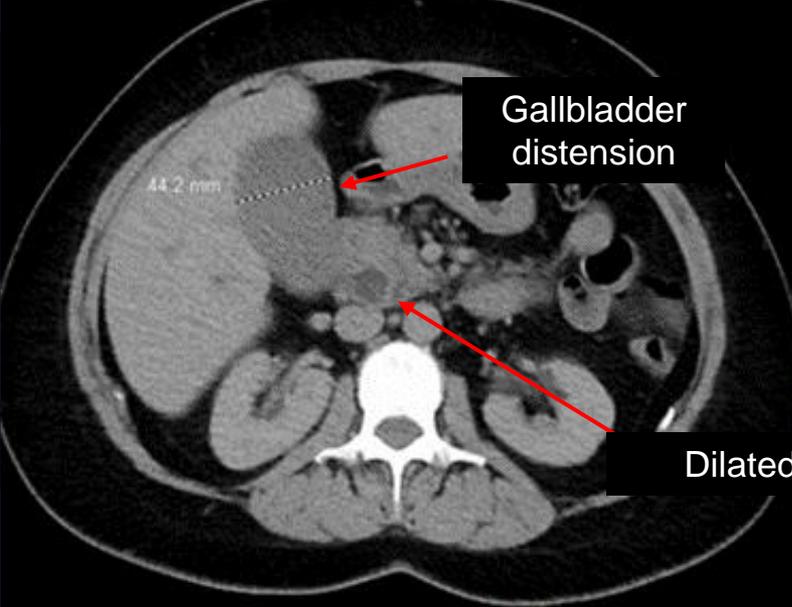
Intrahepatic biliary ductal dilation



Gallbladder distension



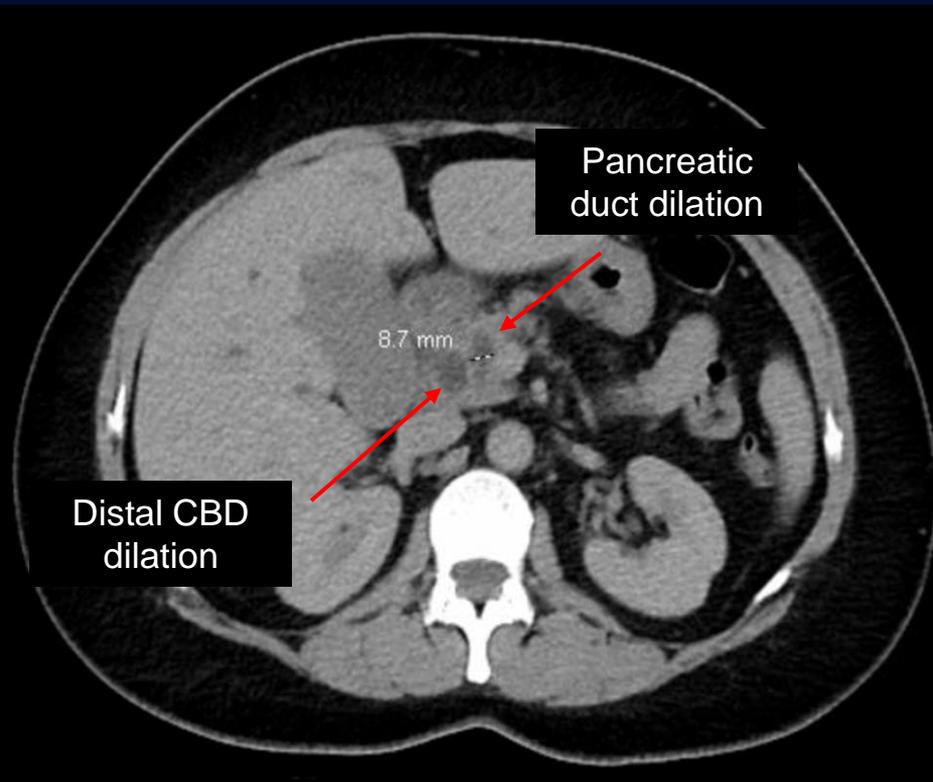
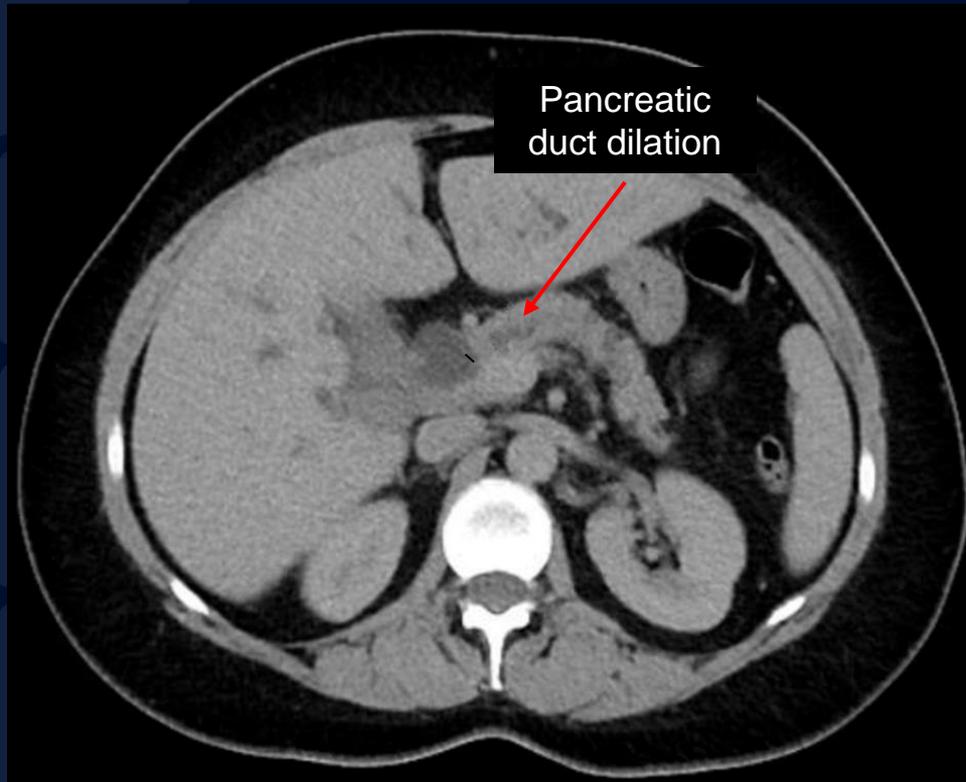
Gallbladder distension



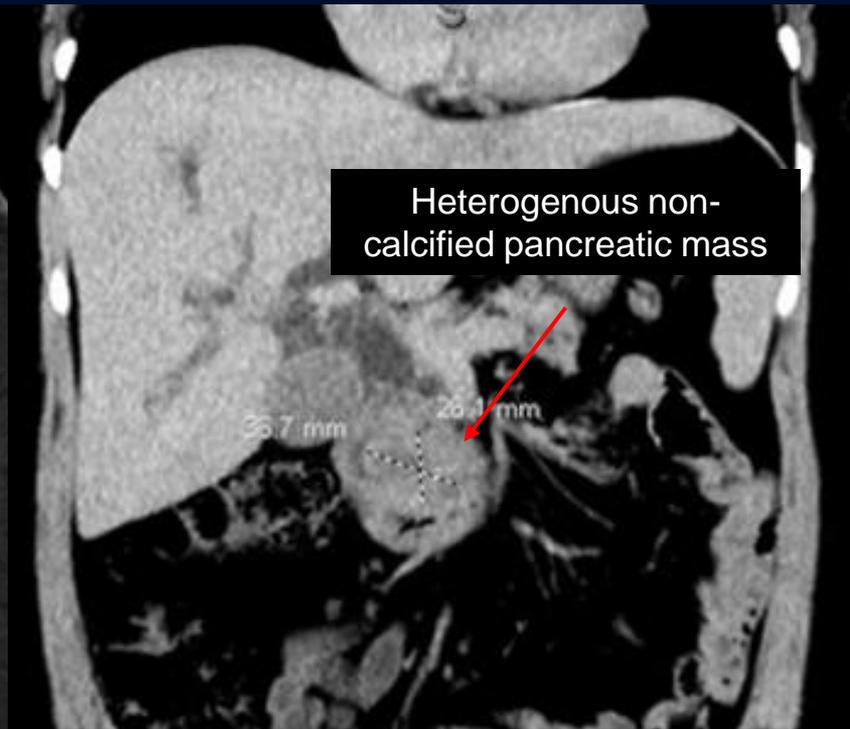
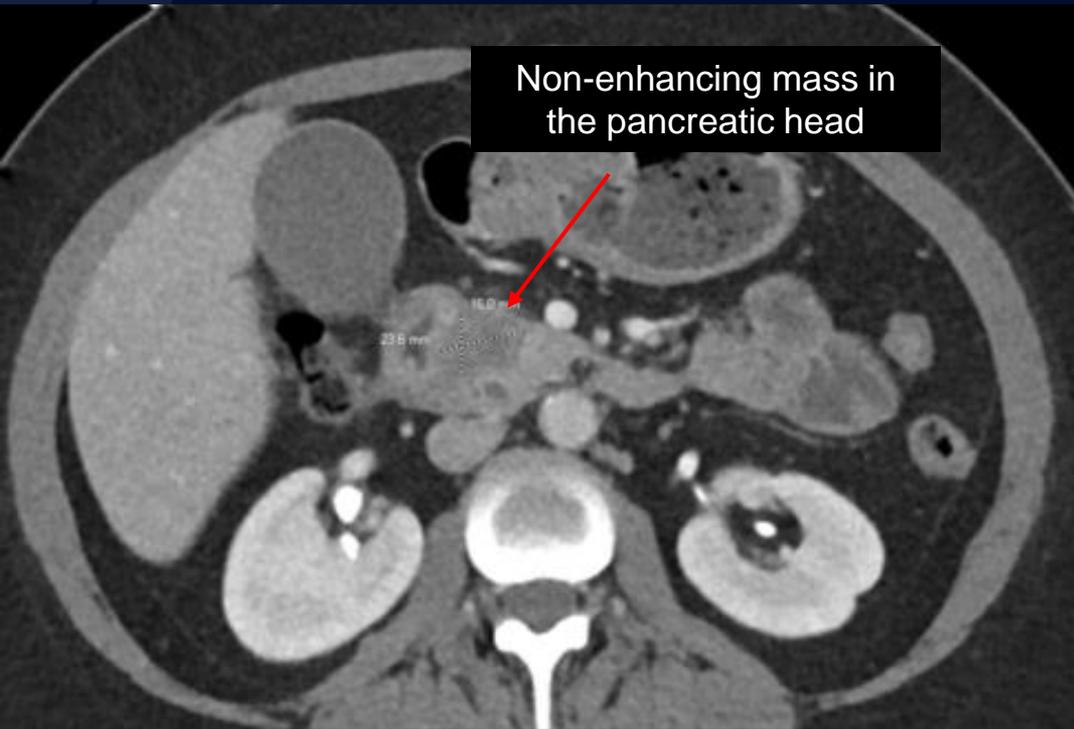
Dilated CBD



Non-contrast CT



Non-contrast CT



CT with Contrast

Pancreatic Adenocarcinoma

Malignant tumor of pancreatic exocrine cells

- ~85% of all pancreatic neoplasms, ~60% occur in the pancreatic head
- Risk factors include diabetes, obesity, smoking, heavy alcohol consumption, familial history, occupational hazards, chronic pancreatitis
- Often sporadic
- Syndromes associated with increased risk of pancreatic cancer
 - Peutz-Jeghers syndrome, familial malignant melanoma syndrome, Lynch syndrome, Breast-ovarian cancer syndrome and Li-Fraumeni syndrome

Presentation

- Asymptomatic jaundice, steatorrhea, unintended weight loss, abdominal mass, insidious onset of 'gnawing' epigastric pain

Diagnostics

- Labs
 - AST / ALT, alkaline phosphatase, bilirubin, serum lipase, CA-19-9 tumor marker
- Imaging
 - Endoscopic ultrasound is the diagnostic method of choice for pancreatic head tumors; allows nonsurgical biopsy of tumor and nearby lymph nodes.
 - Multiphase CT is used for tumors that are difficult to assess by endoscopic US; evaluates for distant metastases
 - Multiphase MR +/- MRCP similar accuracy as contrast enhanced CT for local disease staging; high sensitivity for detection of small liver metastases
 - Transabdominal ultrasound has ~95% sensitivity for tumors > 3 cm but significantly less for smaller tumors
 - ERCP used for visualization of the biliary tree and pancreatic duct

References

- https://www-uptodate-com.online.uchc.edu/contents/clinical-manifestations-diagnosis-and-staging-of-exocrine-pancreatic-cancer?search=pancreatic%20cancer&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H158746981
- <https://pubmed.ncbi.nlm.nih.gov/29038855/>
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- <https://app.statdx.com/document/pancreatic-adenocarcinoma/42265d10-dd49-422f-9d63-149a3edccf3f?term=Pancreatic%20Adenocarcinoma&searchType=documents&category=All>