#15#

Revisiones (todas) * Reviews (all)**

Pancreatic cancer.

Abril - Mayo 2013 / April - May 2013

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[1]

TÍTULO / TITLE: - The role of K-ras gene mutation analysis in EUS-guided FNA cytology specimens for the differential diagnosis of pancreatic solid masses: a meta-analysis of prospective studies.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Gastrointest Endosc. 2013 May 6. pii: S0016-5107(13)01778-1. doi: 10.1016/j.gie.2013.04.162.

●●Enlace al texto completo (gratuito o de pago) 1016/j.gie.2013.04.162

AUTORES / AUTHORS: - Fuccio L; Hassan C; Laterza L; Correale L; Pagano N; Bocus P; Fabbri C; Maimone A; Cennamo V; Repici A; Costamagna G; Bazzoli F; Larghi A

INSTITUCIÓN / INSTITUTION: - Department of Medical and Surgical Sciences, S. Orsola-Malpighi Hospital, University of Bologna, Bologna, Italy.

RESUMEN / SUMMARY: - BACKGROUND: Differential diagnosis of pancreatic solid masses with EUS-guided FNA (EUS-FNA) is still challenging in about 15% of cases. Mutation of the K-ras gene is present in over 75% of pancreatic adenocarcinomas (PADC). OBJECTIVE: To assess the accuracy of K-ras gene mutation analysis for diagnosing PADC. DESIGN: We systematically searched the electronic databases for relevant studies published. Data from selected studies underwent meta-analysis by use of a bivariate model providing a pooled value for sensitivity, specificity, diagnostic odds ratio, and summary receiver operating characteristic curve. SETTING: Meta-analysis of 8 prospective studies. PATIENTS: Total of 931 patients undergoing EUS-FNA for diagnosis of

pancreatic solid masses. INTERVENTION: K-ras mutation analysis. MAIN OUTCOME MEASUREMENTS: Diagnostic accuracy of K-ras mutation analysis and of combined diagnostic strategy by using EUS-FNA and K-ras mutation analysis in the diagnosis of PADC. RESULTS: The pooled sensitivity of EUS-FNA for the differential diagnosis of PADC was 80.6%, and the specificity was 97%. Estimated sensitivity and specificity were 76.8% and 93.3% for K-ras gene analysis, respectively, and 88.7% and 92% for combined EUS-FNA plus K-ras mutation analysis. Overall, K-ras mutation testing applied to cases that were inconclusive by EUS-FNA reduced the false-negative rate by 55.6%, with a false-positive rate of 10.7%. Not repeating EUS-FNA in cases in which mutation testing of the K-ras gene is inconclusive would reduce the repeat-biopsy rate from 12.5% to 6.8%. LIMITATIONS: Small number of studies and between-study heterogeneity. CONCLUSION: K-ras mutation analysis can be useful in the diagnostic work-up of pancreatic masses, in particular when tissue obtained by EUS-FNA is insufficient, and the diagnosis inconclusive.

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[2]

TÍTULO / TITLE: - Imaging Features to Distinguish Malignant and Benign Branch-Duct Type Intraductal Papillary Mucinous Neoplasms of the Pancreas: A Meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Ann Surg. 2013 May 7.

●●Enlace al texto completo (gratuito o de pago)

1097/SLA.0b013e31829385f7

AUTORES / AUTHORS: - Kim KW; Park SH; Pyo J; Yoon SH; Byun JH; Lee MG; Krajewski KM; Ramaiya NH

INSTITUCIÓN / INSTITUTION: - *Department of Radiology and Research Institute of Radiology, University of Ulsan College of Medicine, Asan Medical Center, Seoul, Korea daggerDepartment of Imaging, Dana-Farber Cancer Institute, Harvard Medical School, Boston, MA double daggerThe Institute for Clinical Research and Health Policy Studies, Tufts Medical Center, Boston, MA section signDepartment of Radiology, Seoul National University Hospital, Seoul, Korea.

RESUMEN / SUMMARY: - OBJECTIVE:: To systematically determine the imaging findings for distinguishing malignant and benign branch-duct type intraductal papillary mucinous neoplasms (BD-IPMNs), including mixed type, and their diagnostic value through meta-analysis of published studies. BACKGROUND:: Management of BD-IPMNs, including mixed type, largely relies on imaging findings. The current knowledge on imaging findings to distinguish malignant and benign BD-IPMNs has weak evidence and is mostly from scattered individual retrospective studies. METHODS:: Thorough literature search in Ovid-MEDLINE and EMBASE databases was conducted to identify studies where findings of computed tomography, magnetic resonance imaging, and endoscopic ultrasonography of BD-IPMNs with or without main pancreatic duct

(MPD) dilatation were correlated with surgical/pathological findings. Review of 1128 article candidates, including full-text review of 102 articles, identified 23 eligible articles with a total of 1373 patients for meta-analysis. Dichotomous data regarding distinction between malignant and benign BD-IPMNs were pooled using random effects model to obtain the diagnostic odds ratios (DORs) and their 95% confidence intervals (CIs) of various individual imaging findings for diagnosing malignant BD-IPMN. RESULTS:: Presence of mural nodules revealed the highest pooled DOR (95% CI) of 6.0 (4.1-8.8) followed by MPD dilatation [3.4 (2.3-5.2)], thick septum/wall [unadjusted, 3.3 (1.5-6.9); publication bias-adjusted, 2.3 (0.9-5.5)], and cyst size greater than 3 cm [2.3 (1.5-3.5)]. Multilocularity and multiplicity of the cystic lesions did not reveal statistically significant association with malignancy. CONCLUSIONS:: Presence of mural nodules should be regarded highly suspicious for malignancy warranting a surgical excision whereas cyst size greater than 3 cm, MPD dilatation (5--9 mm), or thick septum/wall may better be managed by careful observation and/or further evaluation.

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[3]

TÍTULO / TITLE: - A treatment planning comparison of four target volume contouring guidelines for locally advanced pancreatic cancer radiotherapy.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Radiother Oncol. 2013 May 3. pii: S0167-8140(13)00185-0. doi: 10.1016/j.radonc.2013.04.010.

●●Enlace al texto completo (gratuito o de pago)

1016/j.radonc.2013.04.010

AUTORES / AUTHORS: - Fokas E; Eccles C; Patel N; Chu KY; Warren S; McKenna WG; Brunner TB

INSTITUCIÓN / INSTITUTION: - Gray Institute for Radiation Oncology and Biology, Department of Oncology, Oxford University, United Kingdom. Electronic address: emmanouil.fokas@kgu.de.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: Contouring of target volumes varies significantly in radiotherapy of pancreatic ductal adenocarcinoma (PDAC). There is a lack of consensus as to whether elective lymph nodes (eLN's) should be included or not in the planning target volume (PTV). In the present study we analyzed the dosimetric coverage of the eLN's and organs at risk (OAR) by comparing four different contouring guidelines. METHODS AND MATERIALS: PTVs were delineated with (Oxford and RTOG guidelines) or without (Michigan and SCALOP guidelines) including the eLNs in eleven patients with PDAC. eLNs included the peripancreatic, paraaortic, paracaval, celiac trunk, superior mesenteric and portal vein clinical target volumes (CTVs). A 3D-CRT plan (50.40Gy in 28 fractions) was performed to analyze and compare the dosimetric coverage of all eLNs and OAR between the 4 contouring guidelines. RESULTS: The size of Oxford and RTOG PTVs

was comparable and significantly larger than the SCALOP and Michigan PTVs. Interestingly the eLNs received a significant amount of incidental dose irradiation by PTV-based plans that only aimed to treat the tumor without the eLNs. The dosimetric coverage of eLN presented a large variability according to the respective contouring methods. The difference in the size of the 4 PTVs was reflected to the dose distribution at the OAR. CONCLUSIONS: Our study provides important information regarding the impact of different contouring guidelines on the dose distribution to the eLNs and the OAR in patients with locally advanced PDAC treated with radiotherapy.

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[4]

TÍTULO / TITLE: - The presence of a cytopathologist increases the diagnostic accuracy of endoscopic ultrasound-guided fine needle aspiration cytology for pancreatic adenocarcinoma: a meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Cytopathology. 2013 Jun;24(3):159-71. doi: 10.1111/cyt.12071.

●●Enlace al texto completo (gratuito o de pago) 1111/cyt.12071

AUTORES / AUTHORS: - Hebert-Magee S; Bae S; Varadarajulu S; Ramesh J; Frost AR; Eloubeidi MA; Eltoum IA

INSTITUCIÓN / INSTITUTION: - Division of Anatomic Pathology, Department of Pathology, University of Alabama at Birmingham, Birmingham, AL, USA.

RESUMEN / SUMMARY: - OBJECTIVE: A meta-analysis has not been previously performed to evaluate critically the diagnostic accuracy of endoscopic ultrasound-guided fine needle aspiration (EUS-FNA) of solely pancreatic ductal adenocarcinoma and address factors that have an impact on variability of accuracy. The aim of this study was to determine whether the presence of a cytopathologist, variability of the reference standard and other sources of heterogeneity significantly impacts diagnostic accuracy. METHODS: We conducted a comprehensive search to identify studies, in which the pooled sensitivity, specificity, likelihood ratios for a positive or negative test (LR+, LR-) and summary receiver-operating curves (SROC) could be determined for EUS-FNA of the pancreas for ductal adenocarcinoma using clinical follow-up, and/or surgical biopsy or excision as the reference standard. RESULTS: We included 34 distinct studies (3644 patients) in which EUS-FNA for a solid pancreatic mass was evaluated. The pooled sensitivity and specificity for EUS-FNA for pancreatic ductal adenocarcinoma was 88.6% [95% confidence interval (CI): 87.2-89.9] and 99.3% (95% CI: 98.7-99.7), respectively. The LR+ and LR- were 33.46 (95% CI: 20.76-53.91) and 0.11 (95% CI: 0.08-0.16), respectively. The meta-regression model showed rapid on-site evaluation (ROSE) (P = 0.001) remained a significant determinant of EUS-FNA accuracy after correcting for study population number and reference standard. CONCLUSION: EUS-FNA is an effective modality for diagnosing pancreatic ductal adencarcinoma in solid

pancreatic lesions, with an increased diagnostic accuracy when using on-site cytopathology evaluation.

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[5]

TÍTULO / TITLE: - Insulinoma: only in adults?-case reports and literature review.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Eur J Pediatr. 2013 Apr 21.

●●Enlace al texto completo (gratuito o de pago) 1007/s00431-013-2005-8

AUTORES / AUTHORS: - Gozzi Graf T; Brandle M; Clerici T; L'allemand D

INSTITUCIÓN / INSTITUTION: - Clinic of Adolescent Medicine, Division of Paediatric Endocrinology and Diabetology, Ostschweizer Kinderspital, Claudiusstrasse 6, 9006, St. Gallen, Switzerland, tiziana.gozzi@kispisg.ch.

RESUMEN / SUMMARY: - Insulinomas first presenting as refractory seizure disorders are well documented in adulthood but rarely found in children. Only a few cases of childhood insulinoma have been reported so far. We report on two adolescents with hyperinsulinaemic hypoglycaemia, initially misdiagnosed as epilepsy and migraine accompagnee, and compare those to other cases published. Localization of insulinoma was challenging and, in one patient, angiography with selective arterial calcium stimulation and hepatic venous sampling in addition to CT and MRI was necessary. In these patients, long-term recovery was achieved by laparoscopic distal pancreatic resection in one and by conventional enucleation in the pancreatic head in the second patient. In contrast to adults, macrosomy and a decrease in school performance were the main symptoms and, during fasting, impaired cognitive function occurred after a relatively short period and at a higher glucose threshold or lower insulin/glucose ratio, respectively. Neuroglycopenic signs may be attributed to behaviour abnormalities or seizure disorders but in children and adolescents may already be caused by insulinoma. In these cases, timely diagnosis as well as tumour resection ensure long-term cure.

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[6]

TÍTULO / TITLE: - Current status in chemotherapy for advanced pancreatic adenocarcinoma.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Anticancer Res. 2013 May;33(5):1785-91.

AUTORES / AUTHORS: - Cao H; LE D; Yang LX

INSTITUCIÓN / INSTITUTION: - Radiobiology Laboratory, California Pacific Medical Center Research Institute, #602, OPR Bldg, 3801 Sacramento Street, San Francisco, CA 94118, U.S.A. yangl@cpmcri.org.

RESUMEN / SUMMARY: - Pancreatic ductal adenocarcinoma (PDA) is one of the most lethal types of cancer in the United States. Surgical resection remains the

only curative treatment, but fewer than 20% of patients qualify as candidates. The past two decades saw major changes in the treatment of advanced PDA, a shift of standard protocol from 5-fluorouracil to gemcitabine and gemcitabine-based combinations, the introduction of molecular target therapy and multi-agent regimens. However, even with advancements in medicine, PDA is still extremely resistant to currently available regimens, which results in poor prognosis, with only 5.2% of patients alive at three years. This provides a challenge to scientists as they seek to find the best active regimen with the least side-effects. In this article, we review the current recommended guidelines from the National Comprehensive Cancer Network. In addition, we highlight major clinical trials since 2011.

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[7]

TÍTULO / TITLE: - Association between hepatitis B or hepatitis C virus infection and risk of pancreatic adenocarcinoma development: a systematic review and meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Pancreatology. 2013 Mar-Apr;13(2):147-60. doi: 10.1016/j.pan.2013.01.005. Epub 2013 Jan 28.

●●Enlace al texto completo (gratuito o de pago) 1016/j.pan.2013.01.005

AUTORES / AUTHORS: - Fiorino S; Chili E; Bacchi-Reggiani L; Masetti M; Deleonardi G; Grondona AG; Silvestri T; Magrini E; Zanini N; Cuppini A; Nardi R; Jovine E

INSTITUCIÓN / INSTITUTION: - Unita Operativa di Medicina Interna, Ospedale di Budrio, Via Benni 44, 40065 Budrio, Bologna, Italy. sirio.fiorino@ausl.bologna.it

RESUMEN / SUMMARY: - BACKGROUND: Pancreatic adenocarcinoma (PAC) is an aggressive cancer with a poor prognosis. To date, PAC causes are still largely unknown. Antigens and replicative sequences of oncogenic hepatitis B (HBV) and hepatitis C (HCV) virus were detected in different extra-hepatic tissues, including pancreas. OBJECTIVE: a systematic review and meta-analysis of epidemiological studies assessing PAC risk in patients with HBV/HCV chronic infections. METHODS: In September 2012, we extracted the articles published in Medline, Embase and the Cochrane Library, using the following search terms: “chronic HBV” and “HCV”, “hepatitis”, “PAC”, “risk factors”, “epidemiology”. Only case/control (C/C), prospective/retrospective cohort studies (PCS/RCS) written in English were collected. RESULTS: four hospital-based C/C studies and one PCS, in HBV-infected patients and two hospital-based C/C studies and one RCS in HCV-infected subjects met inclusion criteria. In these studies HBsAg positivity enhanced significantly PAC risk (RR = 1.18, 95% CI:1.04-1.33), whereas HBeAg positivity (RR = 1.31, 95% CI:0.85-2.02) as well as HBsAg negative/HBcAb positive/HBsAb positive pattern (RR = 1.12, 95% CI:0.78-1.59) and HBsAg negative/HBcAb positive/HBsAb negative pattern (RR = 1.30, 95% CI:0.93-1.84) did not.

Relationship between PAC risk and anti-HCV positivity was not significant, although it reached a borderline value (RR = 1.160, 95% CI:0.99-1.3). CONCLUSIONS: HBV/HCV infection may represent a risk factor for PAC, but the small number of available researches, involving mainly populations of Asian ethnicity and the substantial variation between different geographical areas in seroprevalence of HBV/HCV-antigens/antibodies and genotypes are limiting factors to present meta-analysis.

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[8]

TÍTULO / TITLE: - Diagnostic accuracy of endoscopic ultrasound-guided fine-needle aspiration for pancreatic cancer: A meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Pancreatology. 2013 May-Jun;13(3):298-304. doi: 10.1016/j.pan.2013.01.013. Epub 2013 Feb 10.

●●Enlace al texto completo (gratuito o de pago) 1016/j.pan.2013.01.013

AUTORES / AUTHORS: - Chen G; Liu S; Zhao Y; Dai M; Zhang T

INSTITUCIÓN / INSTITUTION: - Department of General Surgery, Peking Union Medical College Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing 100730, China.

RESUMEN / SUMMARY: - BACKGROUND AND OBJECTIVE: EUS-FNA of pancreatic lesion has been put into clinical use widely in many centers. The present meta-analysis was conducted to study the diagnostic role of EUS-FNA in pancreatic cancer. METHODS: A comprehensive review of study on the precision of EUS-FNA in the diagnosis of pancreatic cancer. A random effects model was used to pool the sensitivity, specificity, positive likelihood ratio (PLR), negative likelihood ratio (NLR) and diagnostic odds ratio (DOR). A summary receiver-operating characteristic (SROC) was constructed to summarize the overall test performance. RESULTS: Thirty-one articles were eligible for the meta-analysis. The pooled sensitivity, specificity, PLR, NLR and DOR of EUS-FNA in the diagnosis of pancreatic cancer were 0.89 (95% CI: 0.88-0.90), 0.96 (95% CI: 0.95-0.97), 16.88 (95% CI: 10.63-26.79), 0.13 (95%CI: 0.10-0.16) and 150.80 (95%CI: 95.94-237.03) respectively. In subgroup meta-analysis of the prospective studies, the pooled sensitivity, specificity, PLR, NLR and DOR were 0.91 (95% CI: 0.90-0.93), 0.94 (95% CI: 0.91-0.96), 11.19 (95% CI: 6.36-19.69), 0.10 (95% CI: 0.07-0.15) and 125.22 (62.37-251.41). The area under the curve (AUC) was 0.97, indicating a good performance of overall accuracy. CONCLUSION: EUS-FNA has the high sensitivity and specificity in differentiating pancreatic cancer. Moreover, it is also a safe diagnostic modality with little complications.

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[9]

TÍTULO / TITLE: - Comparison of four target volume definitions for pancreatic cancer. Guidelines for treatment of the lymphatics and the primary tumor.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Strahlenther Onkol. 2013 May;189(5):407-16. doi: 10.1007/s00066-013-0332-3. Epub 2013 Apr 5.

●●Enlace al texto completo (gratuito o de pago) 1007/s00066-013-0332-3

AUTORES / AUTHORS: - Fokas E; Eccles C; Patel N; Chu KY; Warren S; Gillies McKenna W; Brunner TB

INSTITUCIÓN / INSTITUTION: - Gray Institute for Radiation Oncology and Biology, Department of Oncology, Oxford Cancer Centre, University of Oxford.

RESUMEN / SUMMARY: - BACKGROUND AND PURPOSE: Target volume definitions for radiotherapy in pancreatic ductal adenocarcinoma (PDAC) vary substantially. Some groups aim to treat the primary tumor only, whereas others include elective lymph nodes (eLNs). eLNs close to the primary tumor are often included unintentionally within the treatment volume, depending on the respective treatment philosophies. We aimed to measure the percentages of anatomical coverage of eLNs by comparing four different contouring guidelines. PATIENTS AND METHODS: Planning target volumes (PTVs) were contoured using planning computed tomography (CT) scans of 11 patients with PDAC based on the Oxford, RTOG (Radiation Therapy Oncology Group), Michigan, and SCALOP (Selective Chemoradiation in Advanced Localised Pancreatic Cancer trial) guidelines. Clinical target volumes (CTVs) included the peripancreatic, para-aortic, paracaval, celiac trunk, superior mesenteric, and portal vein lymph node areas. Volumetric comparisons of the coverage of all eLN regions were conducted to illustrate the differences between the four contouring strategies. RESULTS: The PTV sizes of the RTOG and Oxford guidelines were comparable. The SCALOP and Michigan PTV sizes were similar to each other and significantly smaller than the RTOG and Oxford PTVs. A large variability of eLN coverage was found for the various subregions according to the respective contouring strategies. CONCLUSION: This is the first study to directly compare the percentage of anatomical coverage of eLNs according to four PTVs in the same patient cohort. Potential practical consequences are discussed in detail.

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[10]

TÍTULO / TITLE: - Cytokine-induced killer cell therapy for advanced pancreatic adenocarcinoma: A case report and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Oncol Lett. 2013 Apr;5(4):1427-1429. Epub 2013 Feb 19.

●●Enlace al texto completo (gratuito o de pago) 3892/ol.2013.1200

AUTORES / AUTHORS: - Li W; Xu LP; DI Zhao L; Wang L; Zhang Y; Gao QL; Mai L

INSTITUCIÓN / INSTITUTION: - Department of Biotherapy, The Affiliated Tumor Hospital of Zhengzhou University, Henan Cancer Hospital, Zhengzhou 450003, P.R. China.

RESUMEN / SUMMARY: - Patients with advanced pancreatic adenocarcinoma have a poor prognosis, and to date, no treatment method has had a significant impact on the disease. In general, the mean overall survival time of such patients receiving conventional chemotherapy and radiotherapy is <6 months. In the present case report, a patient with advanced pancreatic adenocarcinoma experienced a longer progression-free survival (PFS) of >19 months, following cytokine-induced killer (CIK) cell therapy. To the best of our knowledge, no study has previously described such a beneficial effect on patients only receiving CIK cell immunotherapy. Based on these findings, CIK cell therapy may be a potential treatment regimen that is capable of leading to an improved prognosis in certain patients with advanced pancreatic adenocarcinoma.

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[11]

TÍTULO / TITLE: - Refractory idiopathic non-insulinoma pancreatogenous hypoglycemia in an adult: case report and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - JOP. 2013 May 10;14(3):264-8. doi: 10.6092/1590-8577/1319.

AUTORES / AUTHORS: - Then C; Nam-Apostolopoulos YC; Seissler J; Lechner A

INSTITUCIÓN / INSTITUTION: - Diabetes Center, Clinic and Polyclinic IV, “Ludwig-Maximilians” University. Munich, Germany. cornelia.then@med.uni-muenchen.de.

RESUMEN / SUMMARY: - CONTEXT: Non-insulinoma pancreatogenous hypoglycemia is a rare cause of spontaneous hypoglycemia in adults. The ideal diagnostic and therapeutic approach is still controversial, not least because most reported cases lack long-term follow-up. CASE REPORT: We describe the case of a 58-year-old woman, who was diagnosed with idiopathic non-insulinoma pancreatogenous hypoglycemia in 2001. After resection of 75% of the distal pancreas, she initially experienced no additional hypoglycemic episodes and did not suffer from diabetes mellitus. However, after one month, recurrent hypoglycemia occurred. After resection of the larger part of the remaining pancreatic tissue, the patient suffered from hypoglycemic as well as hyperglycemic episodes. Octreotide and diazoxide were not successful in preventing the hypoglycemic attacks, whereas continuous insulin therapy with an insulin pump helped to stabilize the blood glucose level temporarily. Finally, all remaining pancreatic tissue had to be removed. CONCLUSION: This long-term follow-up of non-insulinoma pancreatogenous hypoglycemia treatment in an adult patient indicates that lateral pancreatectomy may not be sufficient for permanent blood glucose control and emphasizes the need of follow-up data after subtotal pancreatectomy.

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[12]
TÍTULO / TITLE: - Radiofrequency ablation for unresectable locally advanced pancreatic cancer: a systematic review.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - HPB (Oxford). 2013 Apr 18. doi: 10.1111/hpb.12097.
●●Enlace al texto completo (gratuito o de pago) 1111/hpb.12097
AUTORES / AUTHORS: - Fegrachi S; Besselink MG; van Santvoort HC; van Hillegersberg R; Molenaar IQ
INSTITUCIÓN / INSTITUTION: - Department of Surgery, University Medical Centre Utrecht, Utrecht.
RESUMEN / SUMMARY: - BACKGROUND: Median survival in patients with unresectable locally advanced pancreatic cancer lies in the range of 9-15 months. Radiofrequency ablation (RFA) may prolong survival, but data on its safety and efficacy are scarce. METHODS: A systematic literature search was performed in PubMed, EMBASE and the Cochrane Library with the syntax '(radiofrequency OR RFA) AND (pancreas OR pancreatic)' for studies published until 1 January 2012. In addition, a search of the proceedings of conferences on pancreatic disease that took place during 2009-2011 was performed. Studies with fewer than five patients were excluded as they were considered to be case reports. The primary endpoint was survival. Secondary endpoints included morbidity and mortality. RESULTS: Five studies involving a total of 158 patients with pancreatic cancer treated with RFA fulfilled the eligibility criteria. These studies reported median survival after RFA of 3-33 months, morbidity related to RFA of 4-37%, mortality of 0-19% and overall morbidity of 10-43%. Pooling of data was not appropriate as the study populations and reported outcomes were heterogeneous. Crucial safety aspects included ensuring a maximum RFA tip temperature of < 90 degrees C and ensuring minimum distances between the RFA probe and surrounding structures. CONCLUSIONS: Radiofrequency ablation seems to be feasible and safe when it is used with the correct temperature and at an appropriate distance from vital structures. It appears to have a positive impact on survival. Multicentre randomized trials are necessary to determine the true effect size of RFA and to minimize the impacts of selection and publication biases.

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[13]
TÍTULO / TITLE: - Isolated desmoid tumor of pancreatic tail with cyst formation diagnosed by Beta-catenin immunostaining : a rare case report with review of literature.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - JOP. 2013 May 10;14(3):296-301. doi: 10.6092/1590-8577/1475.
AUTORES / AUTHORS: - Rao RN

INSTITUCIÓN / INSTITUTION: - Associate Professor, Department of Pathology,Sanjay Gandhi Postgraduate Institute of Medical Sciences, Raibarely Road Lucknow,UP,India. rnrao@sgpgi.ac.in.

RESUMEN / SUMMARY: - CONTEXT: Isolated pancreatic desmoid tumors with cyst formation are uncommon benign mesenchymal soft tissue tumors, characterized by the dense fibroblastic proliferations with abundant extra-cellular collagen matrix. Intraabdominal desmoid tumor usually involve the mesentery and retroperitoneum and mostly occur in association of familial adenomatous polyposis or Gardner's syndrome.While desmoid tumors do not metastasize, their advancement can be life threatening due to aggressive local invasion, such as mesentery involvement. Isolated, sporadic pancreatic desmoid tumors have been considered anecdotal, with only 10 cases (cystic area in three cases) described in the literature. To our best of knowledge, this patient is fourth case report displaying cyst formatin in desmoid tumor of pancreatic tail. CASE REPORT: We herein report a very unusual location of sporadic desmoid tumor involving the pancreatic tail with cystic area diagnosed by Beta-Catenin immunostaining. A 11year-old male presented with painless lump in left hypochondrium of abdomen.The diagnosis of pancreatic adenocarcinoma was suspected preoperatively and the patient underwent a splenopancreatectomy. Histopathologic examination revealed dense fibroblastic proliferation with occasional mitosis suggestive of mesenchymal tumor. The diagnosis of Desmoid tumor was confirmed by positivity of Beta-Catenin immunohistochemical analysis. Conservative treatment was given postoperatively. After ten month follow-up, no recurrence was observed. CONCLUSION: Desmoid tumors are very rare in the tail of pancreas with cystic area and their diagnosis can be difficult, such as in our case where it presented as a solid-cystic lesion.

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[14]

TÍTULO / TITLE: - Duodenal somatostatinoma: a case report and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Med Case Rep. 2013 Apr 25;7(1):115. doi: 10.1186/1752-1947-7-115.

●●Enlace al texto completo (gratuito o de pago) 1186/1752-1947-7-115

AUTORES / AUTHORS: - Koc O; Duzkoylu Y; Sari YS; Bektas H; Uzum G; Tunali V; Pasaoglu E

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RESUMEN / SUMMARY: - INTRODUCTION: About 70% of well-differentiated endocrine tumors arise from the gastrointestinal tract. Duodenal well-differentiated endocrine tumors account for only 2.6% of all neuroendocrine tumors. Following the first two case reports of somatostatin-secreting tumors in

1977, fewer than 200 cases of somatostatinoma have been reported. These tumors of the duodenum are usually silent and asymptomatic, but can cause gastrointestinal symptoms. Depending on the localization of the tumor, multiple surgical procedures can be performed, ranging from local resection to pancreaticoduodenectomy. CASE PRESENTATION: Here, we report a case of a submucosal duodenal mass in a 42-year-old Turkish White man presenting with nausea, vomiting, fatigue and abdominal pain. The treatment decision of pancreaticoduodenectomy made preoperatively was later altered to intraoperative removal via local resection with sphincteroplasty. CONCLUSION: Tumors of the periampullary region are considered highly malignant, and the Whipple operation is usually the only procedural treatment. In the current case, we decided not to perform pancreaticoduodenectomy but to excise the mass intraoperatively, and consequently avoided unnecessary resection of the pancreas and anastomosis to undilated hepatic and pancreatic ducts. This protective strategy prevented duodenum- and pancreas-related morbidity.

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[15]

TÍTULO / TITLE: - Pancreatic mucinous cystic neoplasm with sarcomatous stroma metastasizing to liver: a case report and review of literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - World J Surg Oncol. 2013 May 20;11:100. doi: 10.1186/1477-7819-11-100.

●●Enlace al texto completo (gratuito o de pago) 1186/1477-7819-11-100

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RESUMEN / SUMMARY: - We report a case of mucinous cystic neoplasm of pancreas with sarcomatous stroma metastasizing to the liver. The tumor occurred in a male patient aged 46 years. Symptoms included persistent epigastric and right upper quadrant pain. Radiographically, the pancreas contained four large cystic masses located in the neck, body, and tail. Histologically, the cysts were lined with benign, mucinous epithelium with underlying bland, storiform, ovarian-like stroma. An undifferentiated focally hyalinized, sarcomatous stroma composed of bland spindle cells showing short fascicular growth pattern and focal nuclear palisading was associated with the epithelial component in one of the cysts. These cells showed strong immunoreactivity with vimentin and inhibin (weak), they were negative for CD34, estrogen receptor, progesterone receptor, androgen, calretinin, S-100, CD117, melan A, chromogranin, and synaptophysin. A morphologically and immunohistochemically identical metastatic sarcomatous focus was identified in the liver without any glandular component. This case is unique in its clinically malignant behaviour and metastatic nature despite its morphologically benign epithelial and stromal components.

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[16]
TÍTULO / TITLE: - Imaging of pancreatic ductal adenocarcinoma: State of the art.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - World J Radiol. 2013 Mar 28;5(3):98-105. doi: 10.4329/wjr.v5.i3.98.
●●Enlace al texto completo (gratuito o de pago) 4329/wjr.v5.i3.98
AUTORES / AUTHORS: - Tamm EP; Bhosale PR; Vikram R; de Almeida Marcal LP; Balachandran A
INSTITUCIÓN / INSTITUTION: - Eric Peter Tamm, Priya Ranjit Bhosale, Raghu Vikram, Leonardo Pimentel de Almeida Marcal, Aparna Balachandran, Department of Diagnostic Radiology, Division of Diagnostic Imaging, University of Texas, MD Anderson Cancer Center, Houston, TX 77230-1402, United States.
RESUMEN / SUMMARY: - Significant advances in imaging technology have changed the management of pancreatic cancer. In computed tomography (CT), this has included development of multidetector row, rapid, thin-section imaging that has also facilitated the advent of advanced reconstructions, which in turn has offered new perspectives from which to evaluate this disease. In magnetic resonance imaging, advances including higher field strengths, thin-section volumetric acquisitions, diffusion weighted imaging, and liver specific contrast agents have also resulted in new tools for diagnosis and staging. Endoscopic ultrasound has resulted in the ability to provide high-resolution imaging rivaling intraoperative ultrasound, along with the ability to biopsy via real time imaging suspected pancreatic lesions. Positron emission tomography with CT, while still evolving in its role, provides whole body staging as well as the unique imaging characteristic of metabolic activity to aid disease management. This article will review these modalities in the diagnosis and staging of pancreatic cancer.

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[17]
TÍTULO / TITLE: - Management of cystic and solid pancreatic incidentalomas: A review analysis.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - J BUON. 2013 Jan-Mar;18(1):17-24.
AUTORES / AUTHORS: - Karatzas T; Dimitroulis D; Charalampoudis P; Misiakos EP; Vasileiadis I; Kouraklis G
INSTITUCIÓN / INSTITUTION: - Second Propedeutic Department of Surgery, University of Athens Medical School, “Laikon” General Hospital, Athens, Greece.
RESUMEN / SUMMARY: - Incidentally discovered pancreatic lesions that are asymptomatic have become much more common in recent years. It is important to characterize these lesions and to determine which patients can be safely observed and which should undergo an operation, as a substantial proportion of them might be malignant or premalignant. This review focus on the diagnostic approach and management of the different types of cystic and solid incidental

pancreatic lesions based on appropriate clinical input, imaging screening and histological criteria. The task of developing guidelines to deal with an incidentally found pancreatic lesion, however, is much more complex and controversial than with other organs incidentalomas. In most series, pancreatic incidentalomas (PIs) <2 cm and of cystic appearance are likely to be benign, whereas those >2 cm are usually premalignant or malignant. Serous cystadenomas can reach very large size and are usually benign lesions. The presence of a solid mass or a mural nodule in a cystic lesion along with main pancreatic duct dilatation, thick septations and biliary obstruction are considered features suspicious of malignancy. Mucinous cystic neoplasms and intraductal papillary mucinous neoplasms are malignant or lesions of malignant potential and need surgical exploration. Solid lesions are much more likely to be premalignant or malignant and most of patients will undergo resection. The decision to operate rather than follow a solid lesion is a matter of tumor size and of clinical judgment based on the age and patient comorbidities. The present study should serve as a general guide and not applied as strict principles. Key words: cystic pancreatic incidentalomas, diagnostic approach, management, solid pancreatic incidentalomas.
