



AB096. P070. Feasibility and efficacy of an analysis using FFPE blocks of resected pancreas with micro CT

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Abstract: Recently, the importance of 3D imaging constructed by computed tomography (CT) data is increasing in clinical practice especially for preoperative usage. On the other hand, Micro-CT (inspeXio SMX-90CT, Kyoto, Shimadzu Corporation) can provide exceptionally high-resolution imaging with pixels in the dozens of micrometers range. When we use micro-CT for imaging of formalin fixed paraffin embedded pancreatic specimens, it gives us a chance to resolve clinical questions and discrepancy which may emerge perioperatively, particularly between preoperative diagnosis and pathological

results. Pancreatic ductal adenocarcinoma is one of the lethal diseases, so it is important to detect and resect in the earlier stage. Intraductal papillary mucinous neoplasm (IPMN) is known as one of the precursor lesions of the pancreas, developing from low grade to high grade dysplasia that may further progress to invasive cancer. International Consensus Guideline for management of IPMN has been published in 2012. According to this guideline, indications of pancreatectomy are the presence of main and mixed duct IPMN, or branch duct IPMN with “high-risk stigmata of malignancy present”. On the other hand, branch duct IPMN with “worrisome features” requires more thorough examination before deciding to do a surgical resection. Sometimes, it is not easy to identify such small features like mural nodules, or critical site of caliber change of pancreatic duct in resected specimen pathologically. Herein, we show the feasibility and efficacy of the usage of micro-CT in evaluating IPMN lesions to reveal the answer for these uncertainties.

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