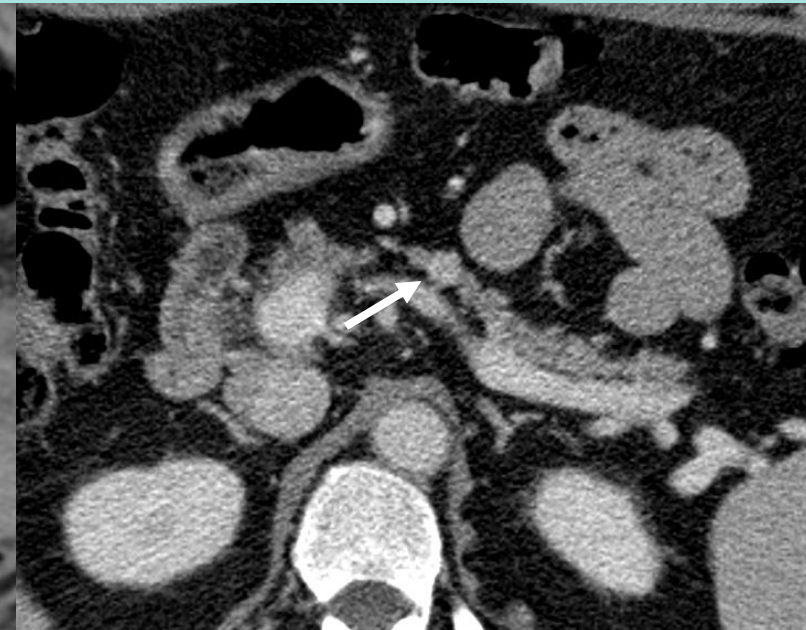
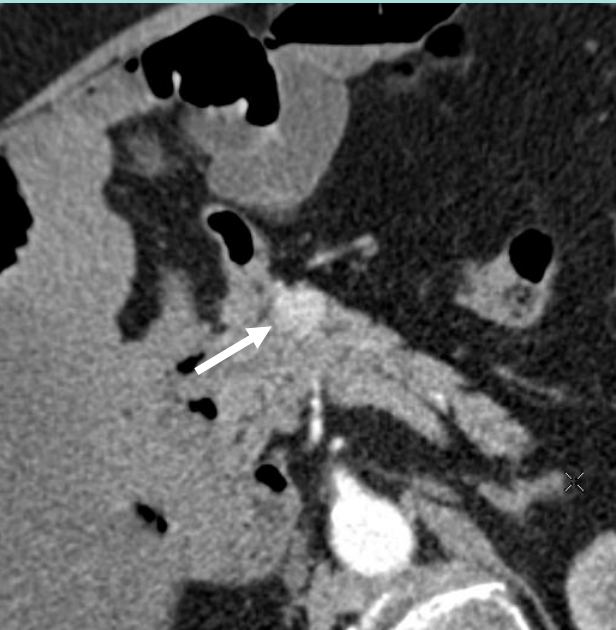
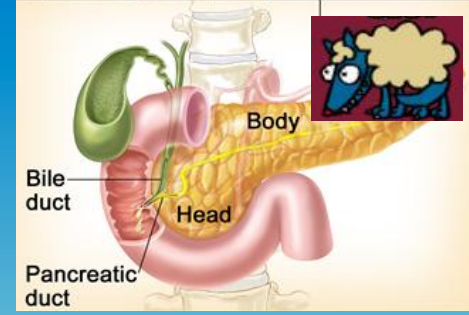


# PANCREAS

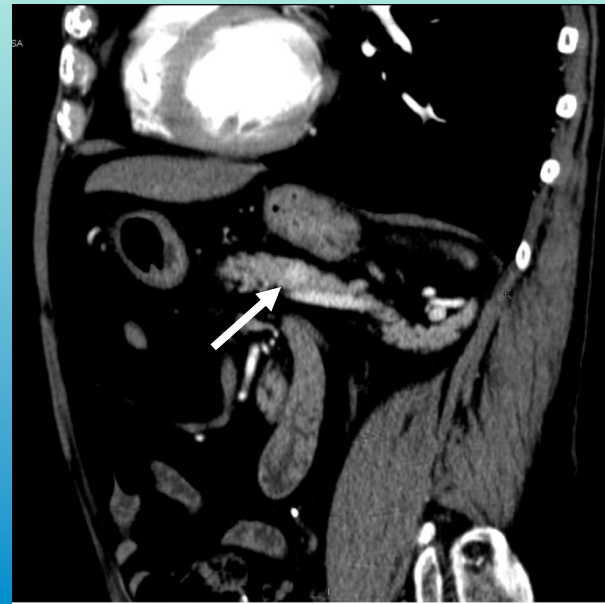
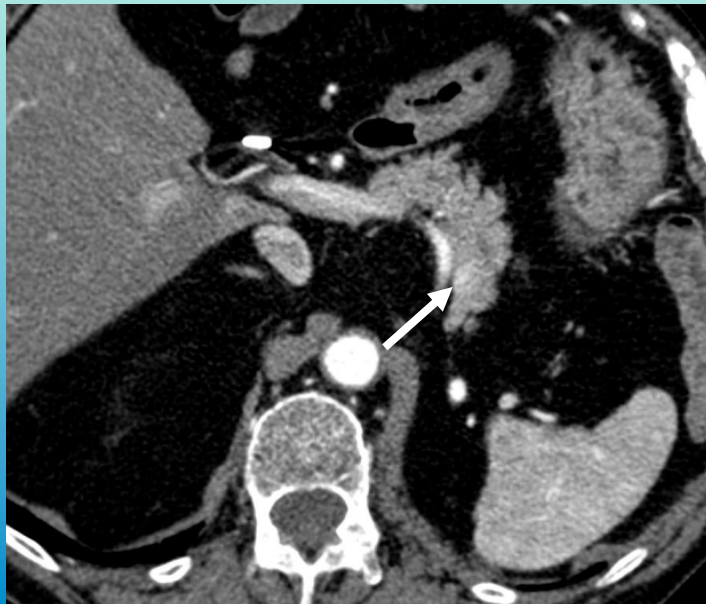
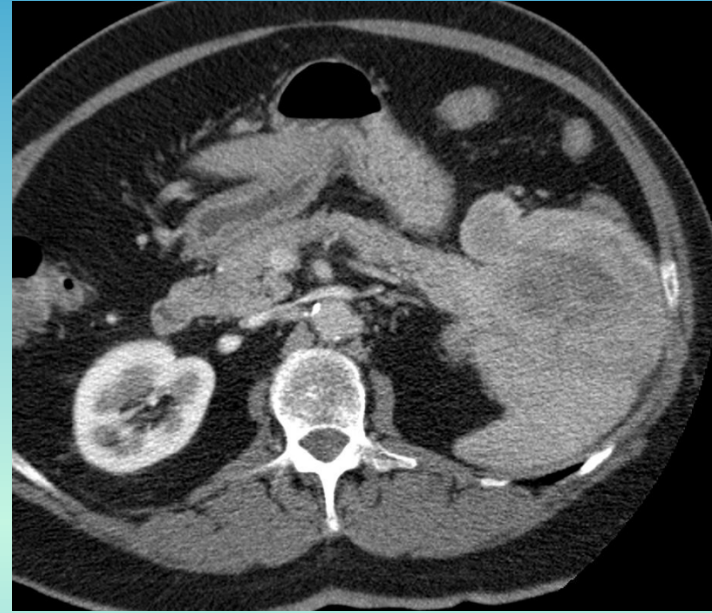
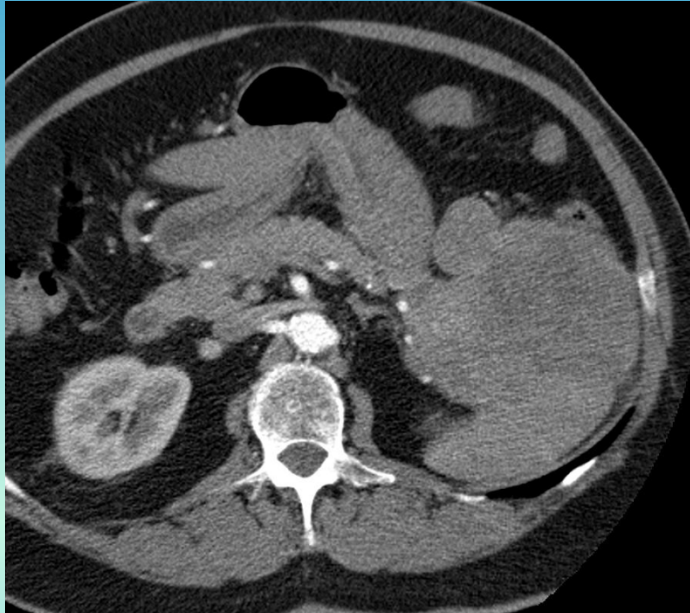
## Funzionanti

lesione solida circoscritta, < 3 cm, ipervascolare nelle fasi arteriose e/o venose



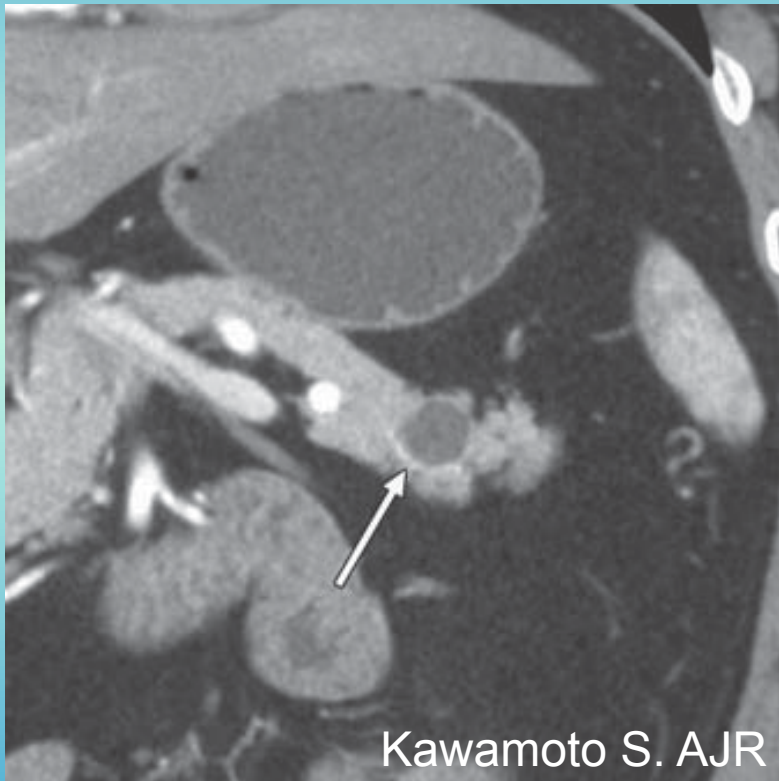
# Non funzionanti

grandi, eterogenei, con aree di necrosi e calcificazioni

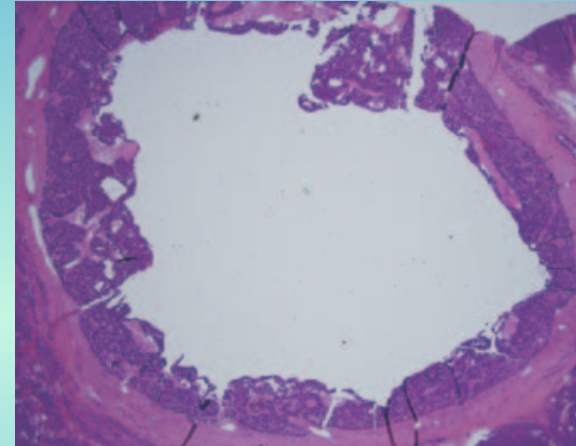


# Cistici

rari, 90% hanno rim-enhancement



Kawamoto S. AJR



## Pancreatic Neuroendocrine Tumor With Cystlike Changes: Evaluation With MDCT

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**OBJECTIVE.** The objective of our study was to determine the prevalence and CT appearance of cystlike changes of pancreatic neuroendocrine tumor (NET), particularly of small ( $\leq 3$  cm) tumors.

**MATERIALS AND METHODS.** The clinical records, images, and pathologic reports of 74 consecutive patients (average age, 55.5 years) with surgically resected pancreatic NETs who underwent preoperative CT were retrospectively reviewed. The size and location of the pancreatic NETs were recorded. The tumors were classified on the basis of CT appearance as small ( $\leq 3$  cm) or large ( $> 3$  cm) and as solid, partially ( $\leq 50\%$  or  $> 50\%$ ) cystic, or purely ( $\approx 100\%$ ) cystic. Peripheral contrast enhancement on CT was characterized, and lymph node and liver metastases found by pathologic examination were recorded.

**RESULTS.** A total of 78 pancreatic NETs were reviewed. Five were not visualized on CT, leaving 73 pancreatic NETs in 69 patients (multiple tumors were visualized on CT of three patients) for analysis. The mean size of the 73 tumors was  $3.0 \pm 2.6$  (SD) cm (range, 0.7–13.1 cm); 52 tumors were 3 cm or smaller and 21 tumors were larger than 3 cm. Gross pathologic results confirmed that 13 of the 73 (17.8%) tumors were predominantly ( $> 50\%$  or  $\approx 100\%$ ) cystic: 10 of the 52 (19.2%) tumors 3 cm or smaller and three of the 21 (14.3%) tumors larger than 3 cm. Peripheral contrast enhancement was seen in 11 of the 13 (85%) predominantly cystic pancreatic NETs. Compared with solid pancreatic NETs, predominantly cystic pancreatic NETs were less commonly associated with lymph node and liver metastases.

**CONCLUSION.** Cystic pancreatic NETs are not rare and should be included in the differential diagnosis of a cystic pancreatic mass, particularly if the cystic mass is associated with peripheral contrast enhancement. A minority of cystic pancreatic NETs can present with no peripheral enhancement.