

Intraductal-Papillary Mucinous Neoplasm (IPMN)

A 55 year old male presented with jaundice. He had lost 20 lb of weight over the preceding one year. CT of the abdomen (**Figure 1**) revealed heterogeneous septated cystic mass in the head of the pancreas. Endoscopic retrograde cholangiopancreatography (ERCP) showed widely patent ampullary orifice with visible mucin (**Figure 2**). Pancreatogram showed massively dilated pancreatic duct with multiple filling defects consistent with mucus plugs. The cholangiogram showed common bile duct (CBD) was dilated and filled with mucinous material. A diagnosis of IPMN was made based on endoscopic and imaging studies. A biliary sphincterotomy was performed and the biliary mucinous debris was removed. A 10 French plastic biliary stent was placed (**Figure 3**), with no improvement in bilirubin by day 10. The 10 F plastic stent was removed, along with copious amounts of mucin (**Figure 4**). A partially coated metal wall stent was inserted with improvement of patient jaundice (**Figure 5**).

Comments: This case highlights the difficulty in providing sustained biliary drainage by standard plastic biliary stents due to rapid occlusion from the thick mucin produced by the tumor. Coated metal stents function better in this setting.

Figure (1): Cystic mass in the head of the pancreas

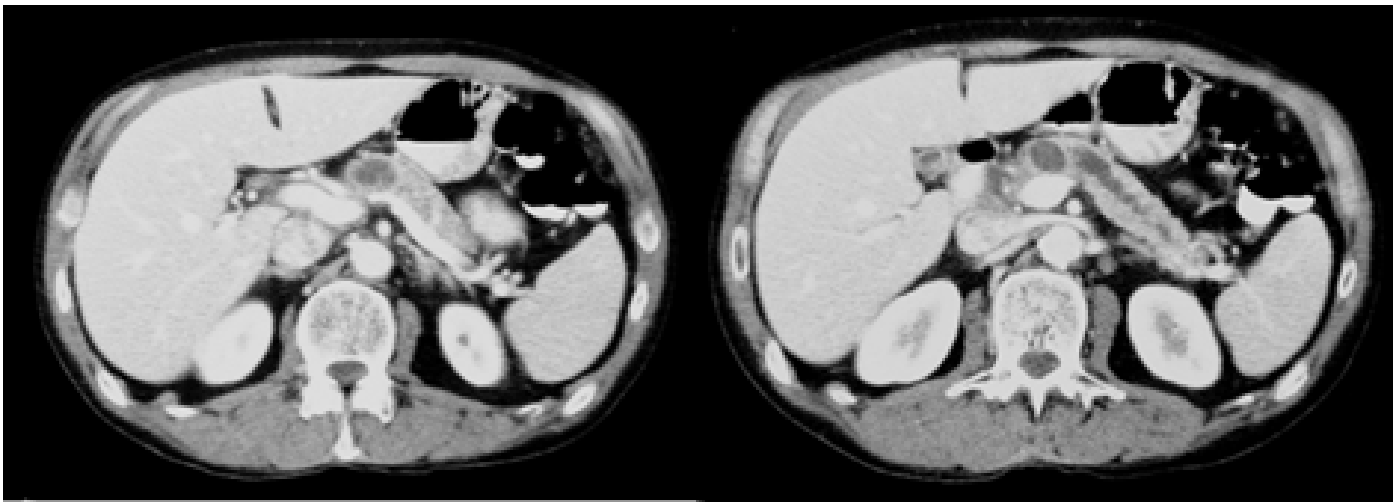


Figure (2): Widely patent ampullary orifice with visible mucin

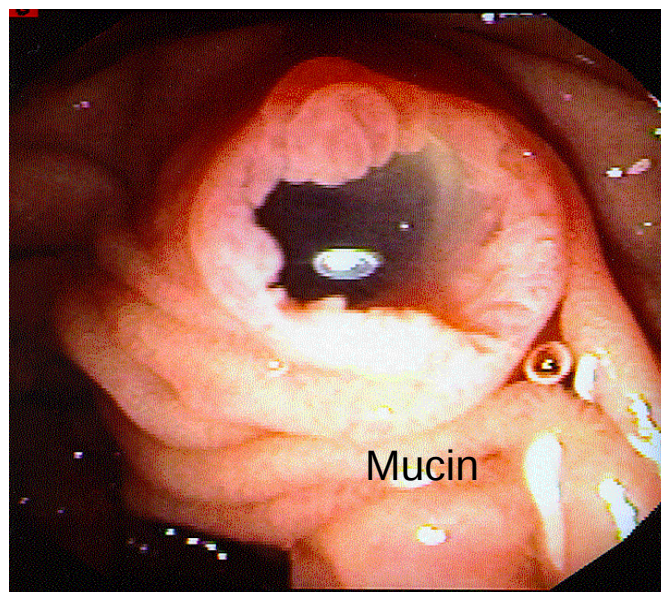


Figure (3): A 10 French plastic biliary stent placed



Figure (4): The 10 F plastic stent was removed, along with copious amounts of mucin



Figure (5): A partially coated metal wall stent was inserted

