

# LESIONS KYSTIQUES DU PANCREAS



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## ➤ 1. LK non-tumorales

### 1.1 Kystes:

k vrai

k lympho-épithélial (VHL, polykystose)

1.2 Pseudo-kystes: post-trauma ; post-pancréatite

1.3 Infection : hydatidose

## ➤ 2. LK tumorales

### 2.1 Tumeurs épithéliales

-Exocrines Cystadénome Séreux  
Cystadénome Mucineux

Autres :

.secrétion muqueuse :

TIPMP

tumeur solide papillaire et kystique

adénocarcinome mucineux ;carcinome à cellules acinaires

.nécrose tumorale

-Endocrines fonctionnelles ou non

### 2.2 Tumeurs non-épithéliales

schwanome ,tératomes, sarcomes, lymphangiomes, etc...

### 2.3 Métastases

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*k vrai*

k lympho-épithélial (VHL, polykystose)

### 1.2 **Pseudo-kystes**: post-trauma ; post-pancréatite

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## ➤ 2. LK tumorales

### 2.1 Tumeurs épithéliales

-Exocrines

***Cystadénome Séreux***

***Cystadénome Mucineux***

Autres :

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***TIPMP***

tumeur solide pseudo-papillaire et kystique  
adénocarcinome mucineux ;carcinome à cellules acinaires  
.nécrose tumorale

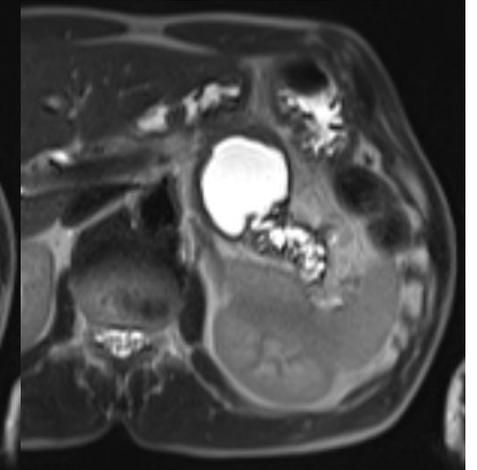
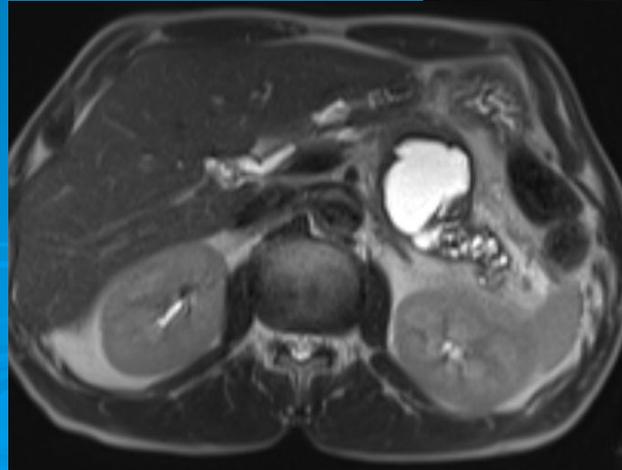
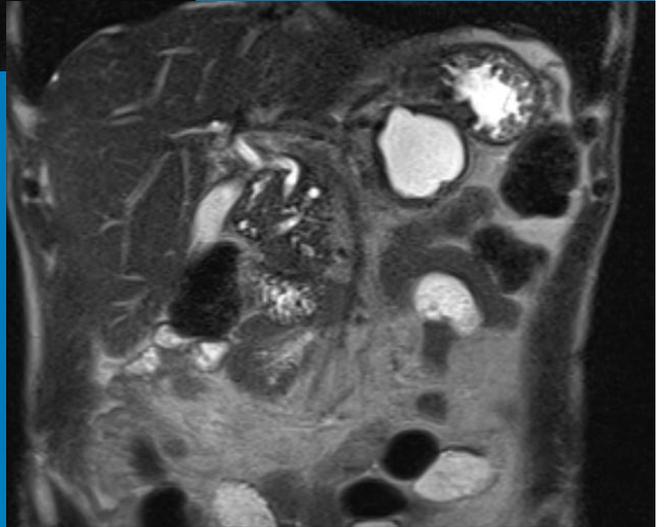
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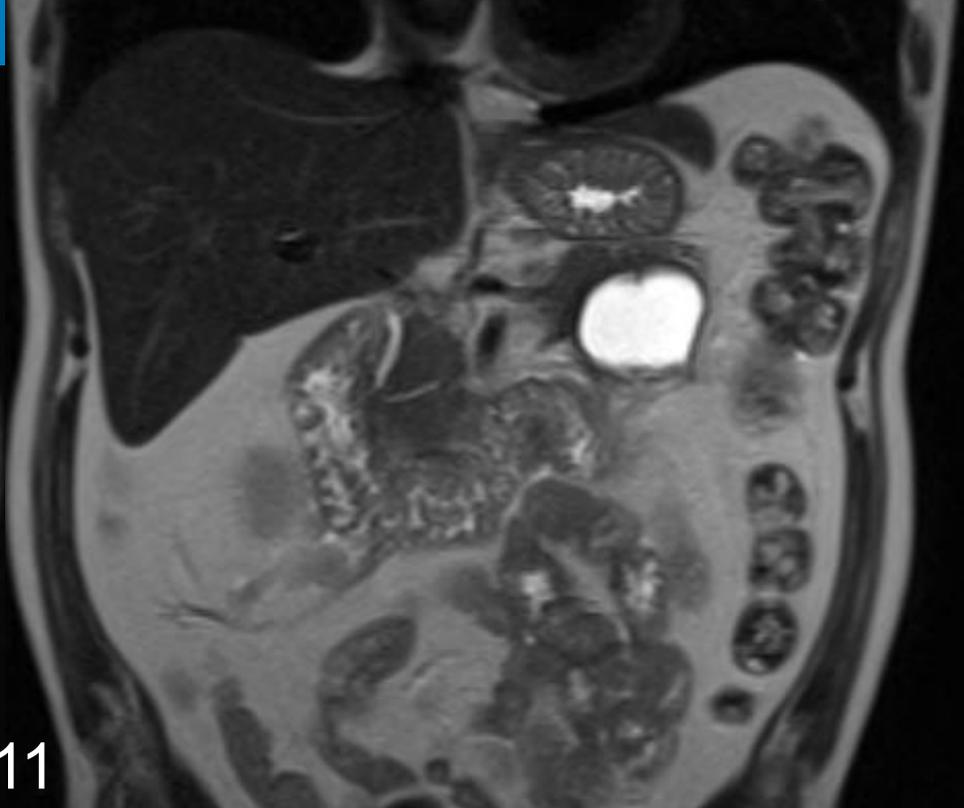
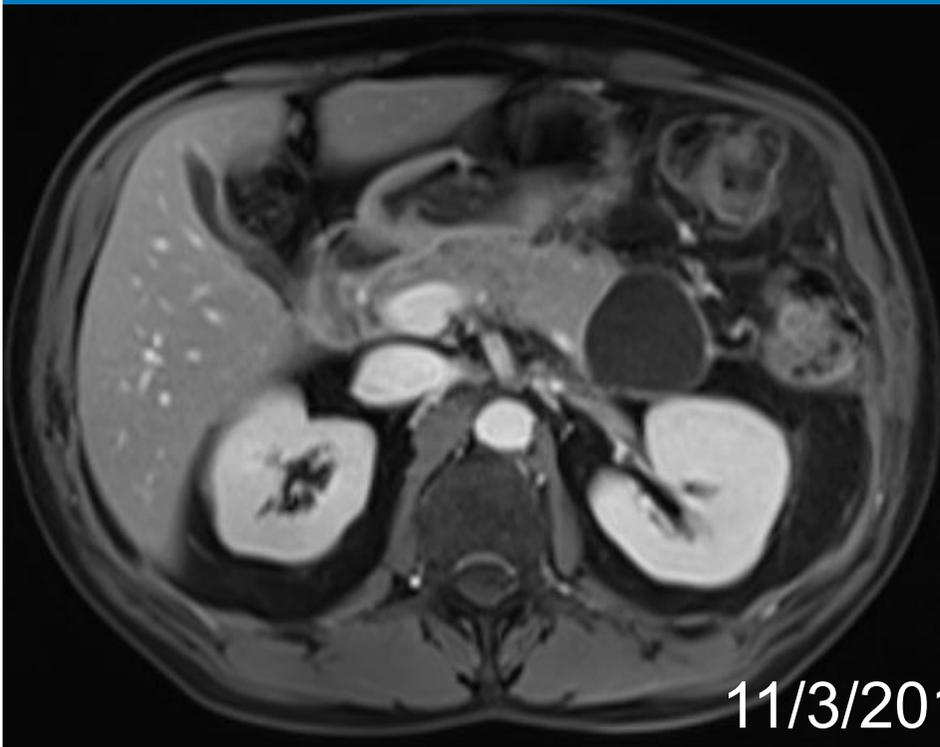
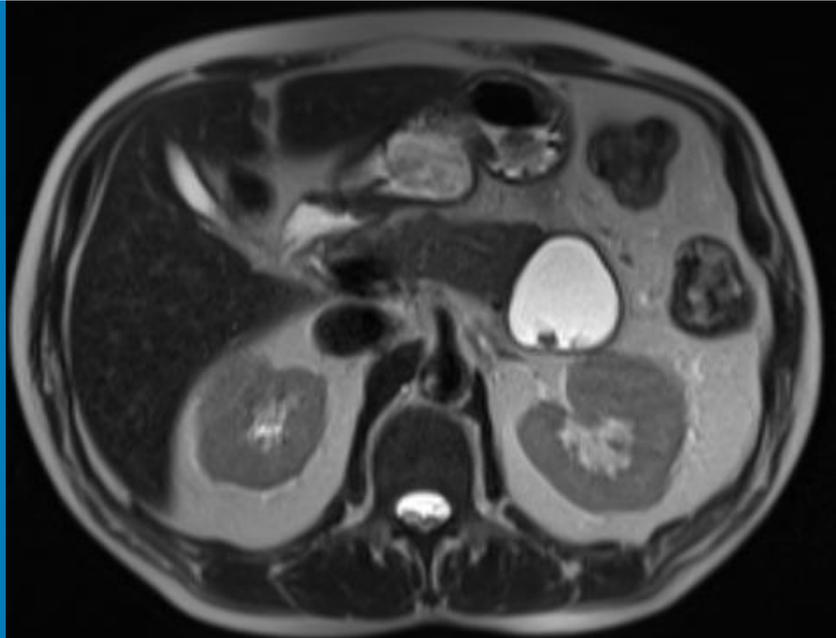
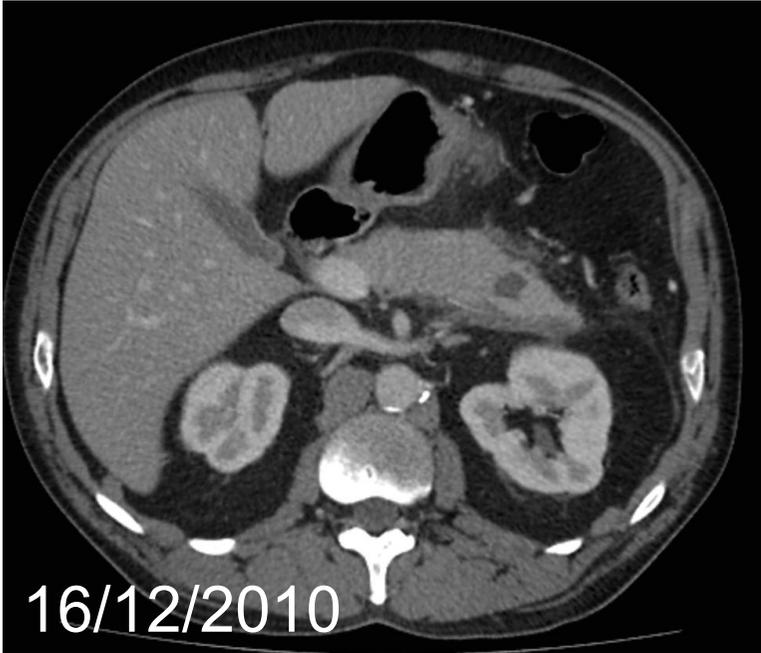
### 2.2 Tumeurs non-épithéliales schwanome ,tératomes, sarcomes, lymphangiomes,...

### 2.3 Métastases

# PSEUDO-KYSTES

- classiquement cause la plus fréquente
- à évoquer de principe , ATCD pancréatite ?
- délai 4 à 6 semaines
- pas de paroi propre : nécrotique/rétentionnel
- Complications:compression(dig,vasc),hgie,  
thrombose,fistule, infection
- Attention au PK sur pancréatite en amont  
d'une petite tumeur





11/3/2011

# CYSTADENOMES SEREUX

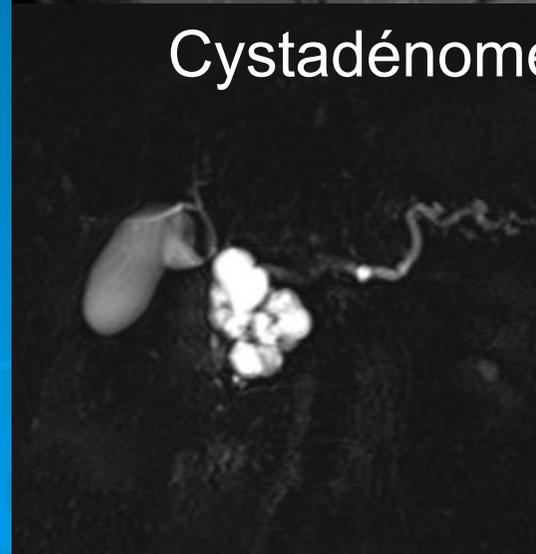
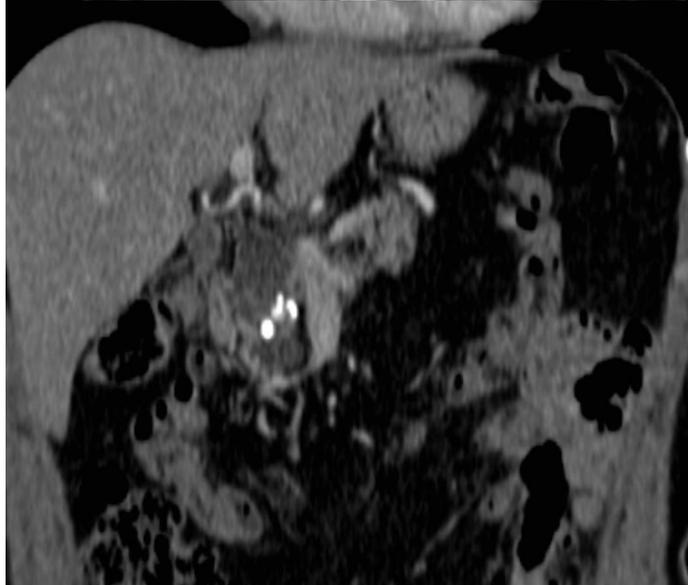
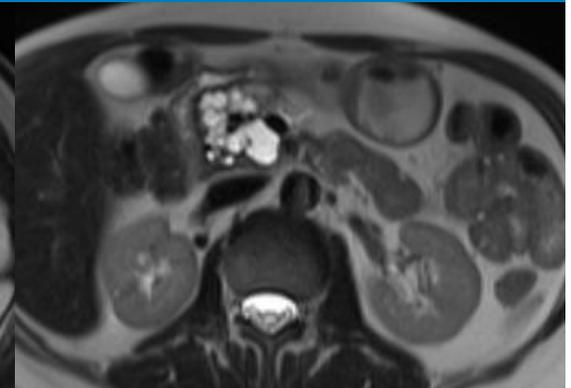
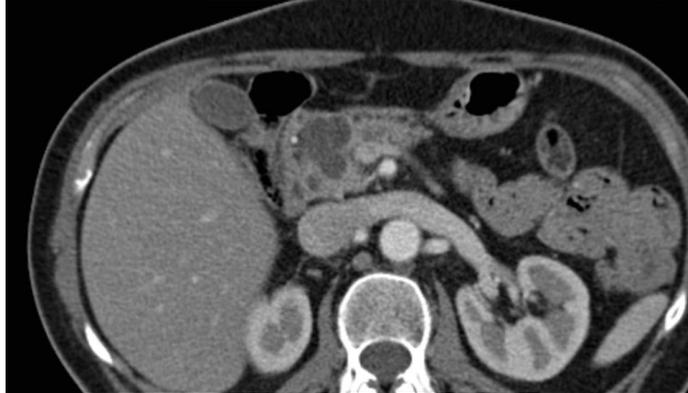
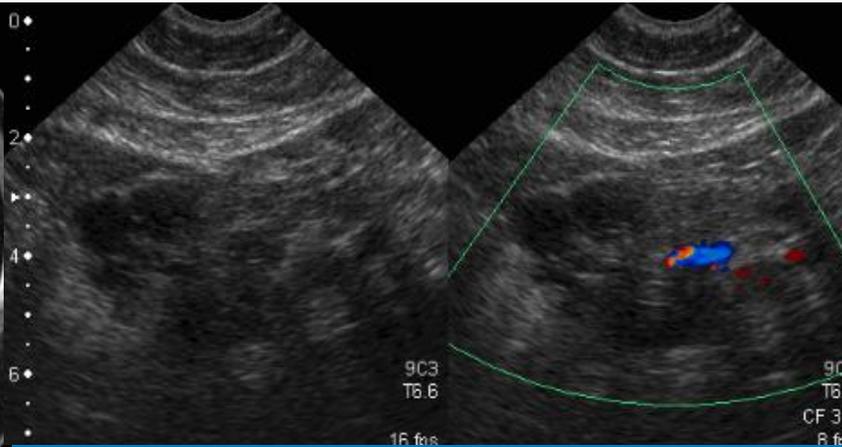
typiques 70%

- Svt asymptomatique ou non spécifique
- Femme agée ,unique ,céphalique
- *Lésion multiloculaire bien limitée*
- Architecture en rayon de miel
- Cicatrice centrale 20-30%  
parfois calcifiée

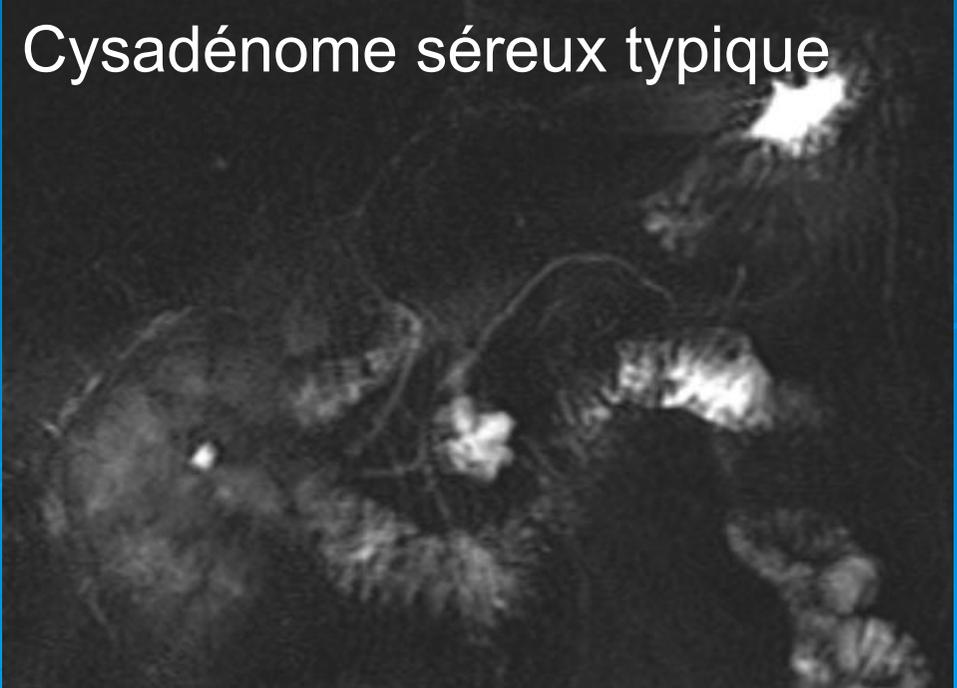
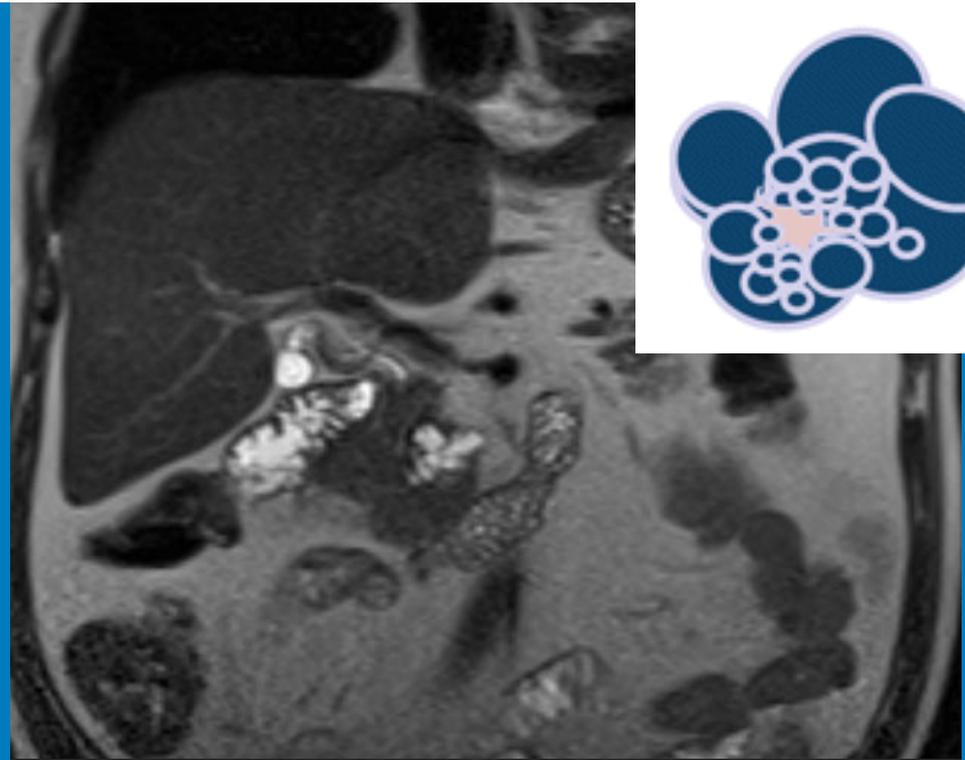
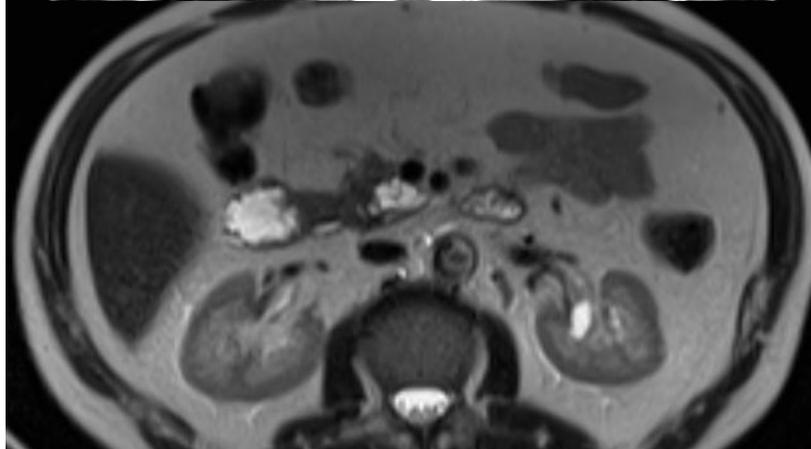
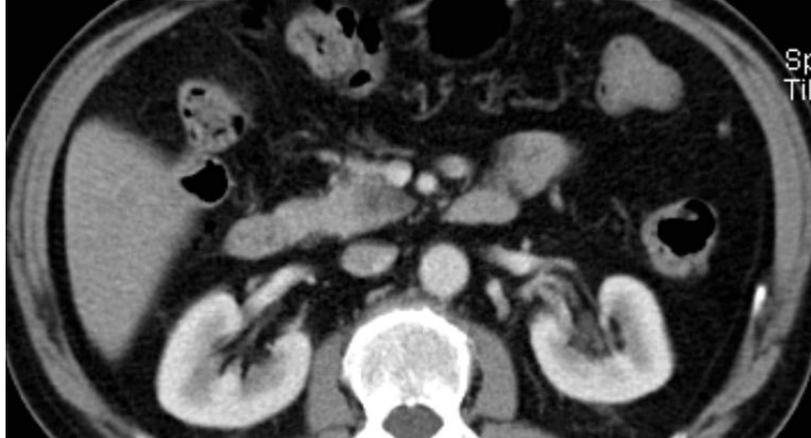
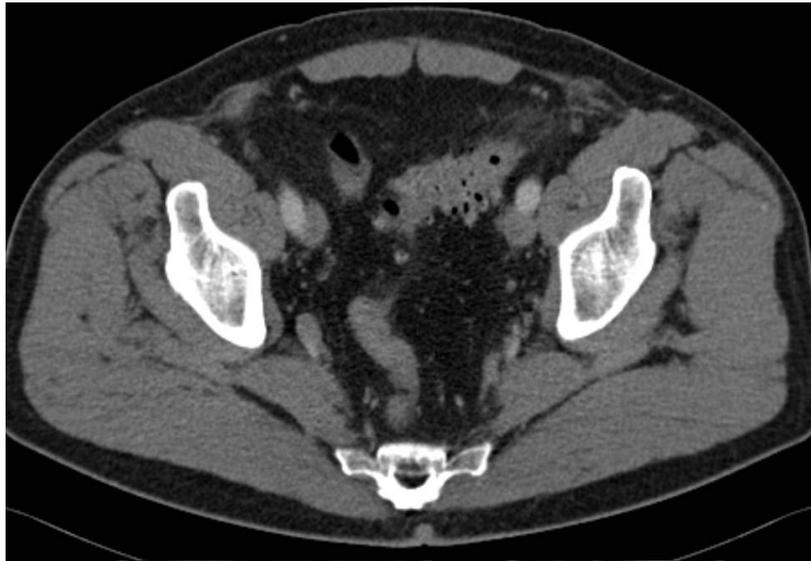


*Plus de 6 kystes ; moins de 20 mm (Johnson)*

- Pas de communication avec le wirsung
- Pas d'anomalie canalaire
- Exceptionnellement malin



Cystadénome séreux typique

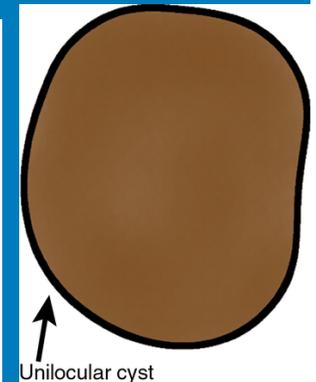
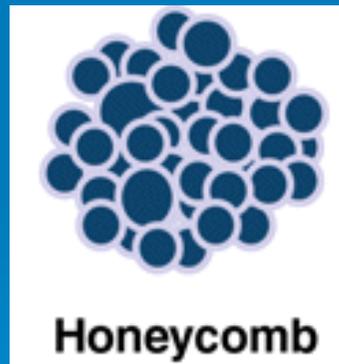


Cysadénome séreux typique

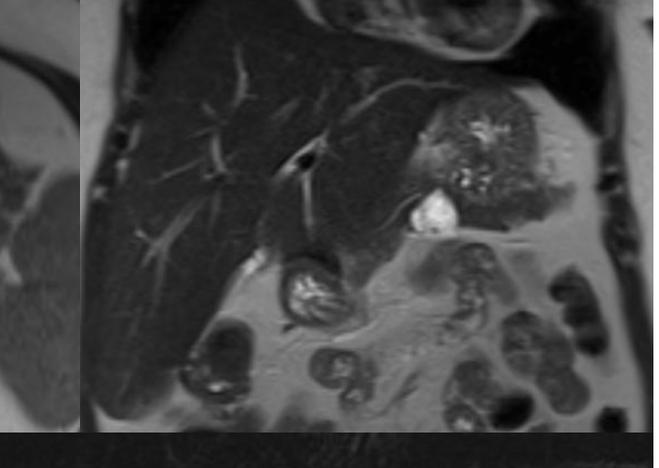
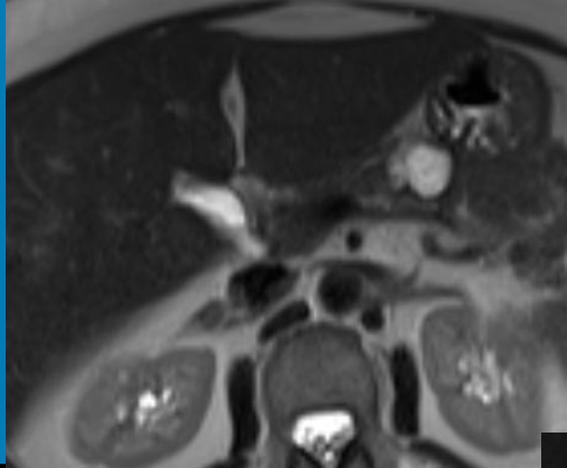
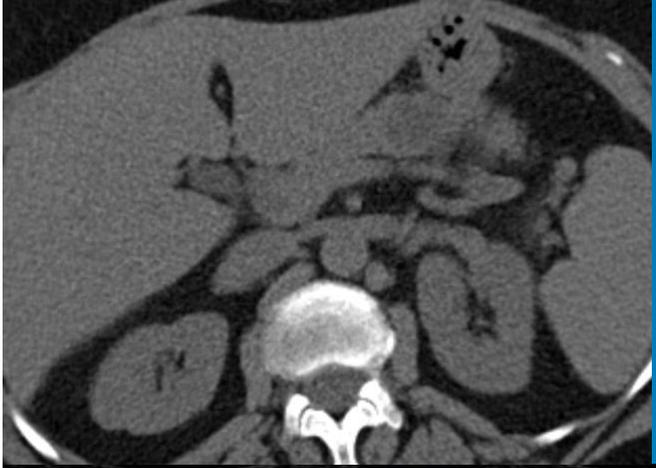
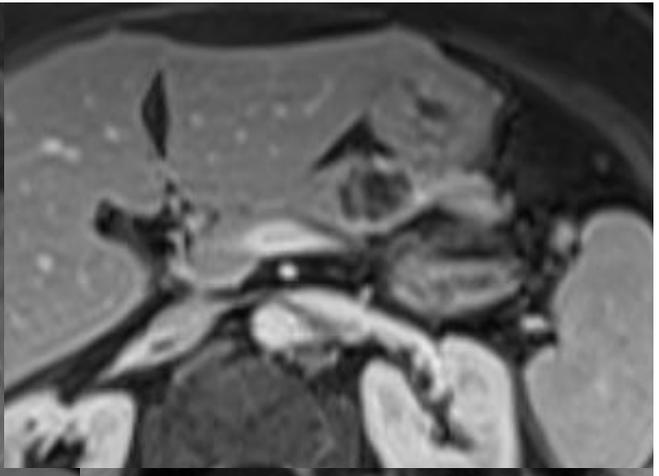
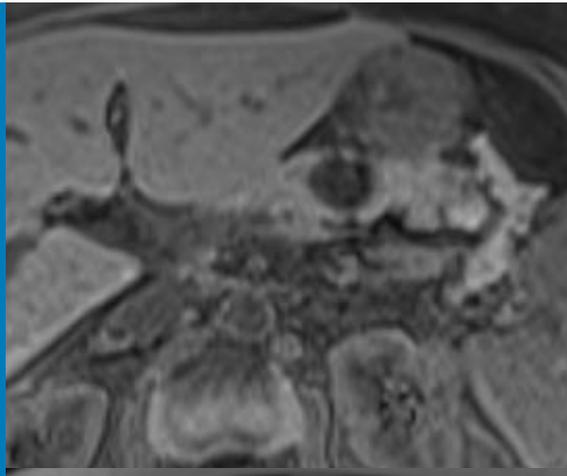
# CYSTADENOMES SEREUX

atypiques 30%

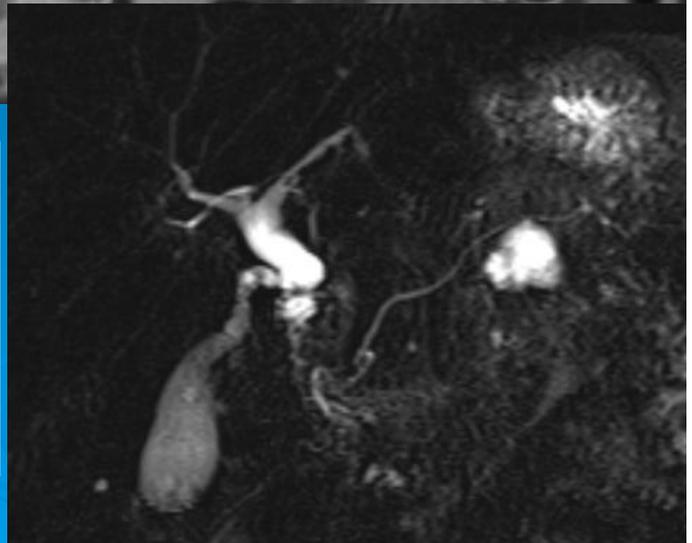
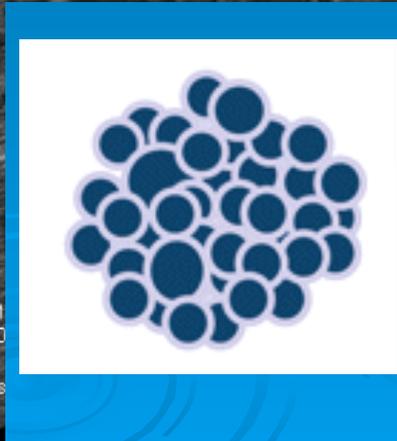
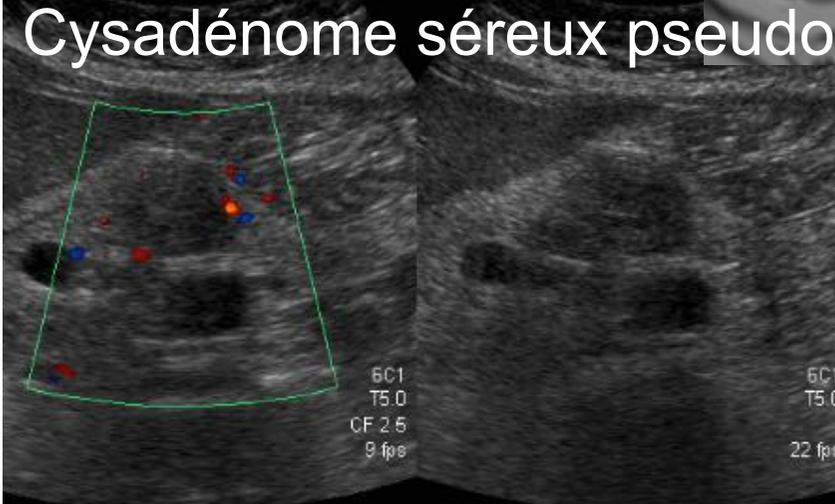
- Svt asymptomatique ou non spécifique
- Femme agée ,unique ,céphalique
- *Pauci voire uniloculaire 20%*
- *Pseudo-solide 5%*



- Pas de communication avec le wirsung
- Pas d'anomalie canalaire
- Exceptionnellement malin

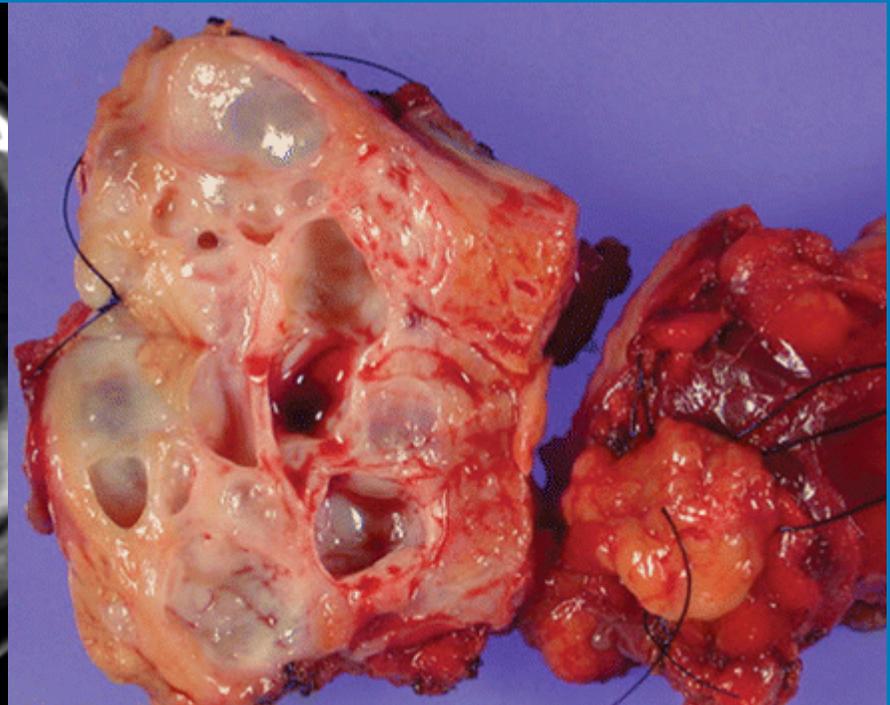
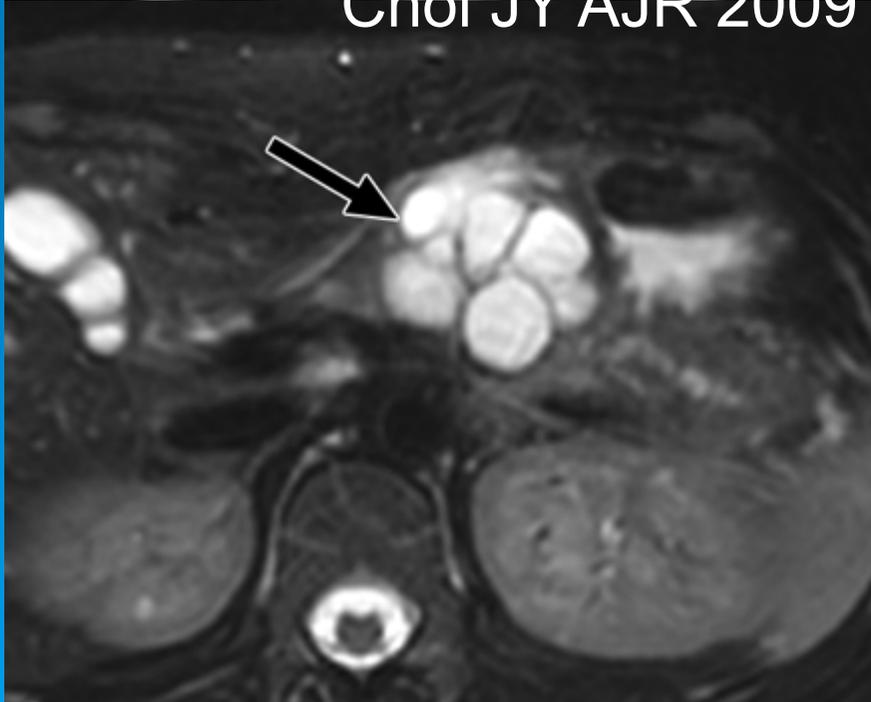


Cysadénome séreux pseudo-solide





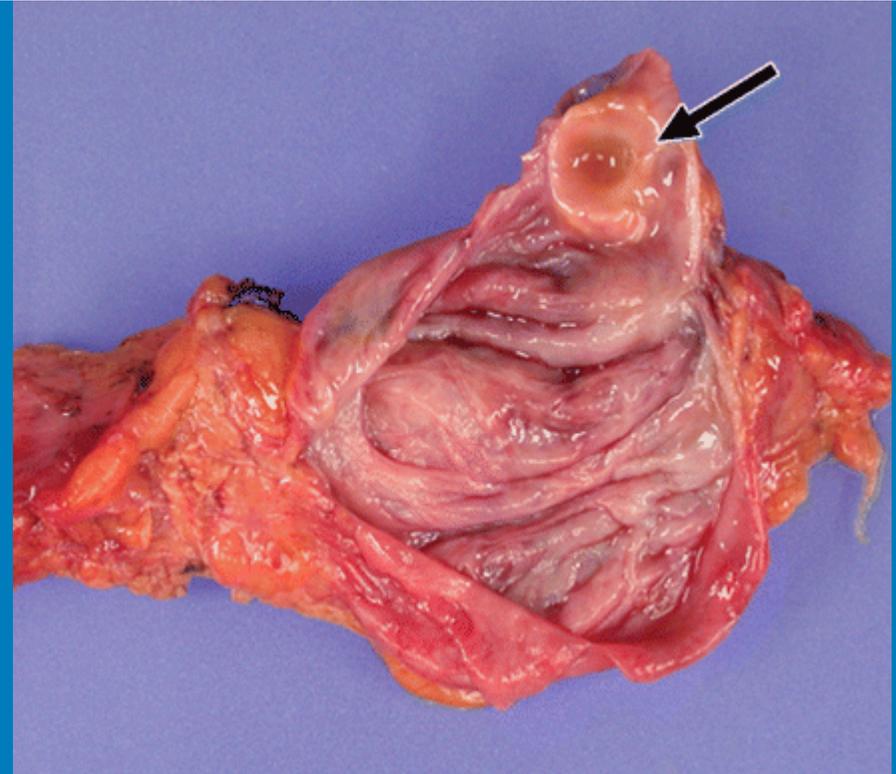
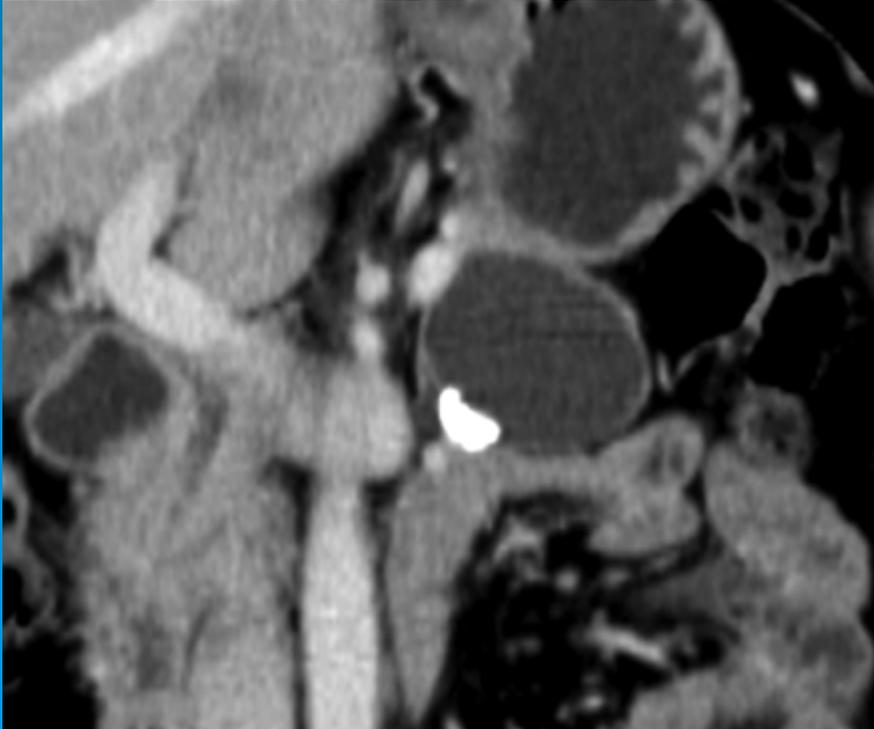
Choi JY AJR 2009



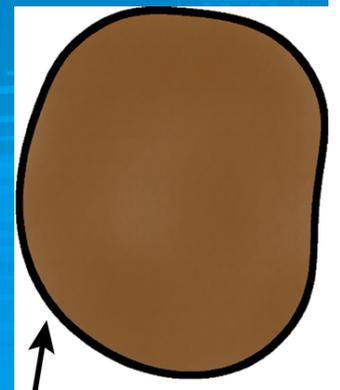
Cystadénome séreux  
pauciloculaire



Choy AJR 2009

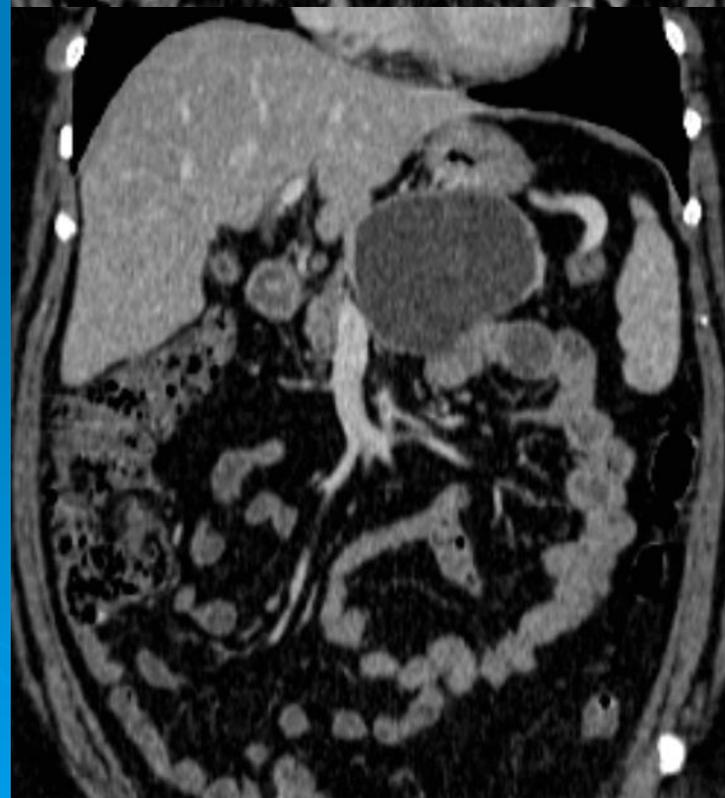
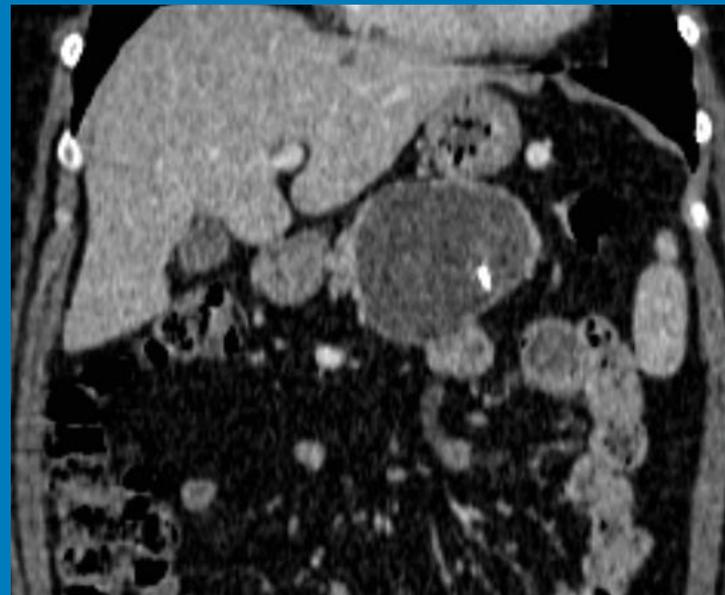
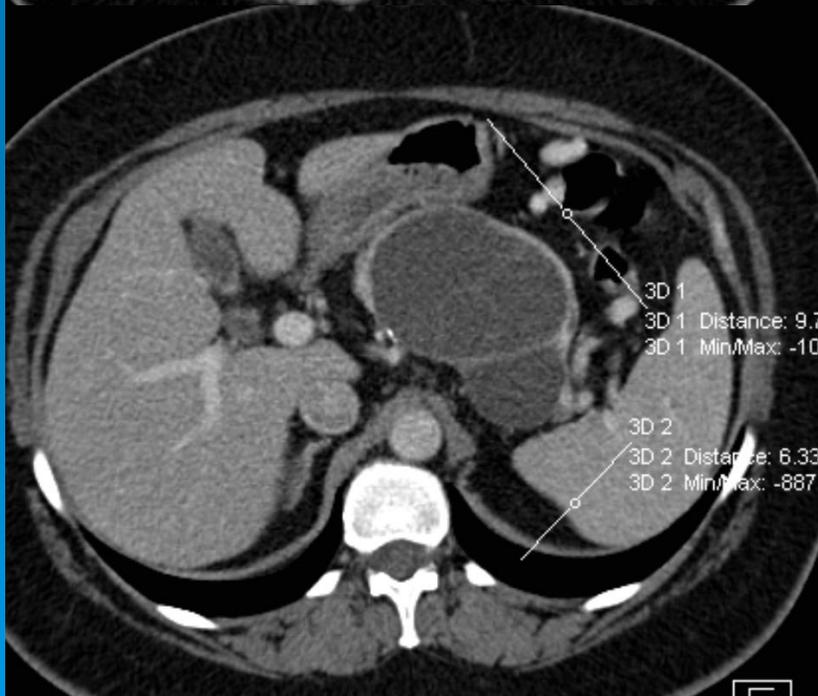
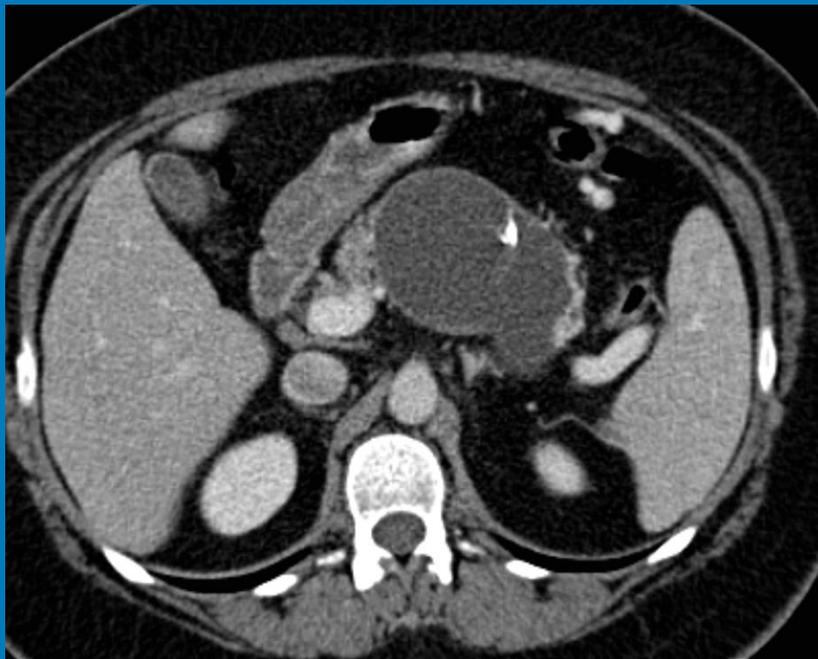


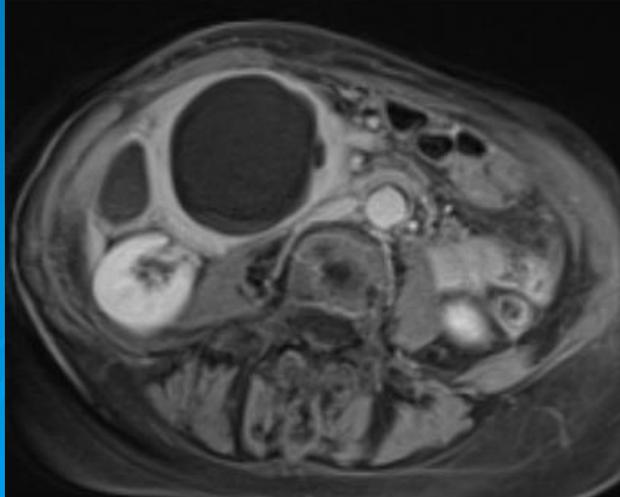
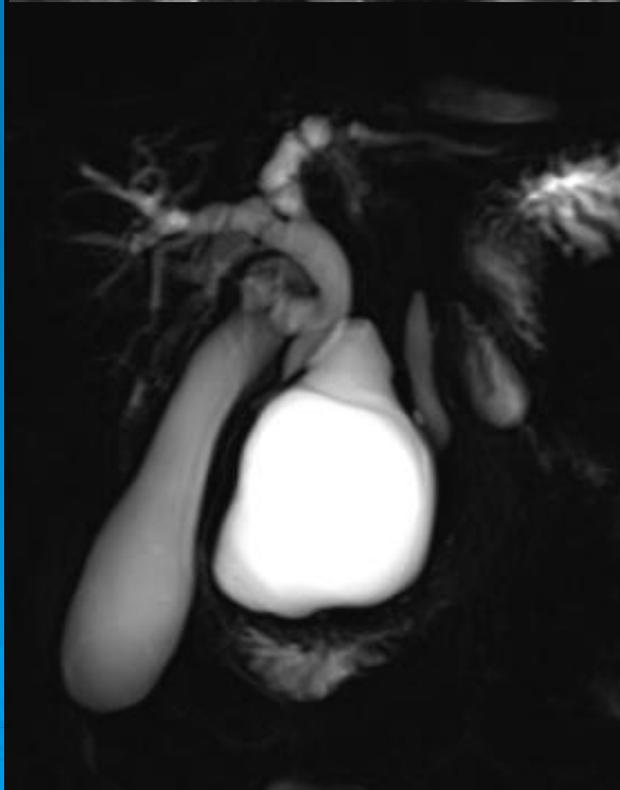
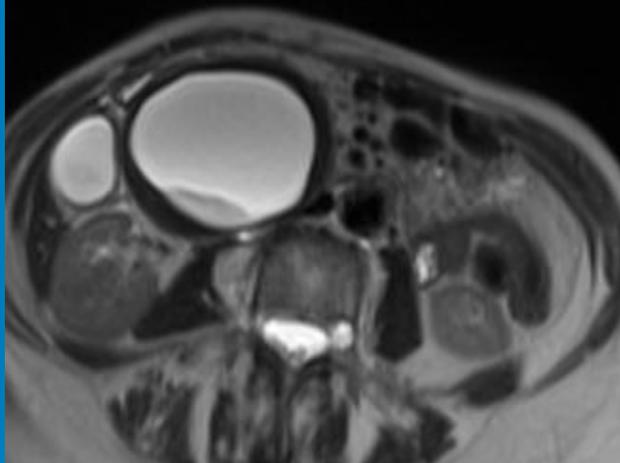
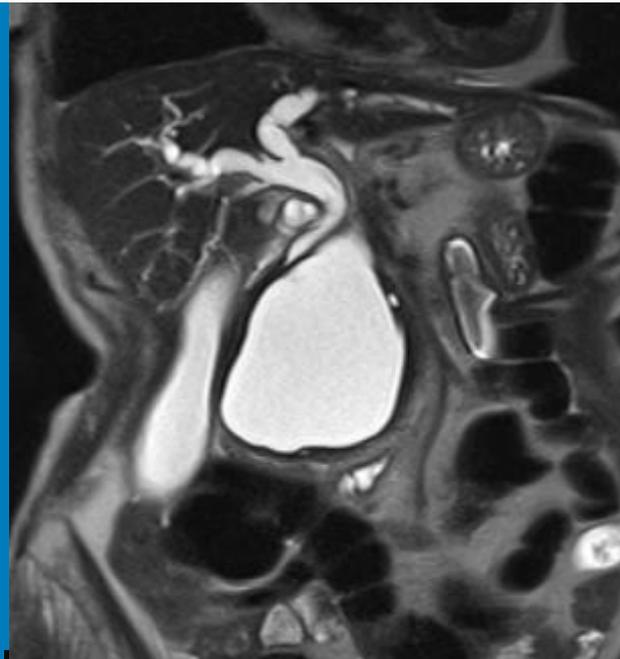
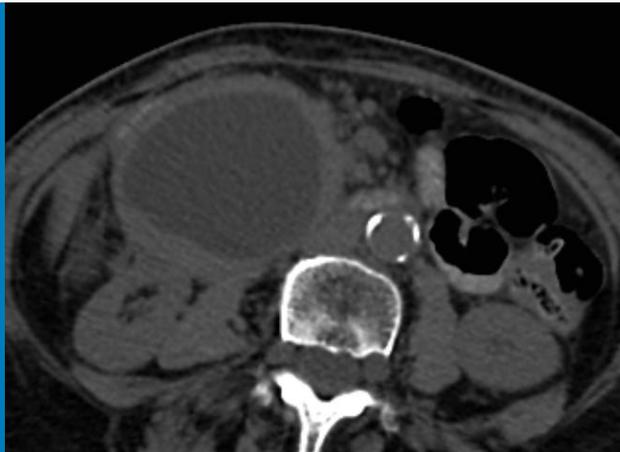
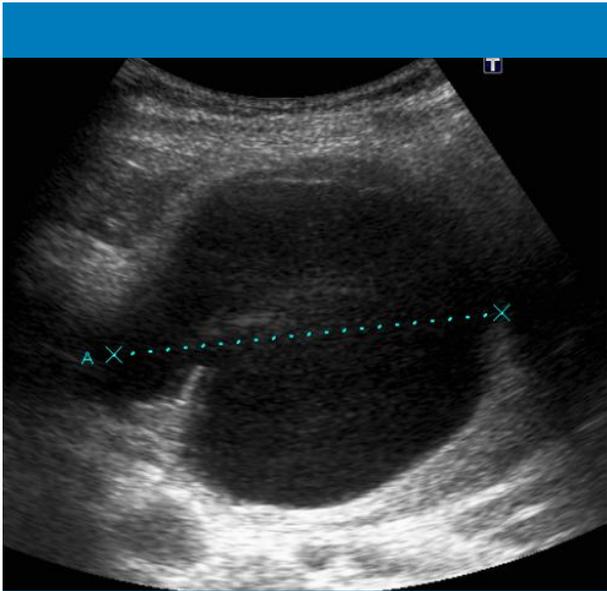
Cystadénome séreux  
uniloculaire

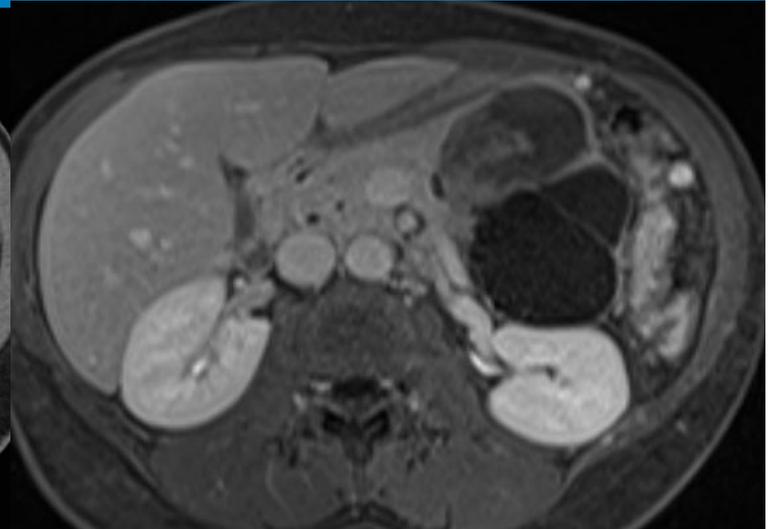
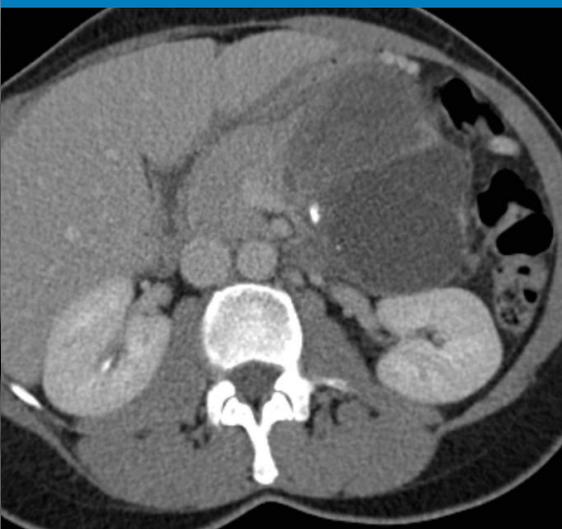
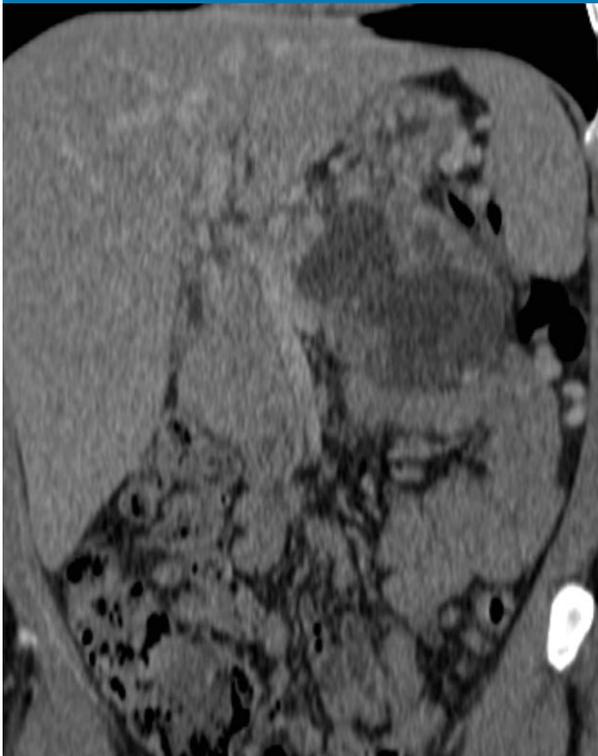
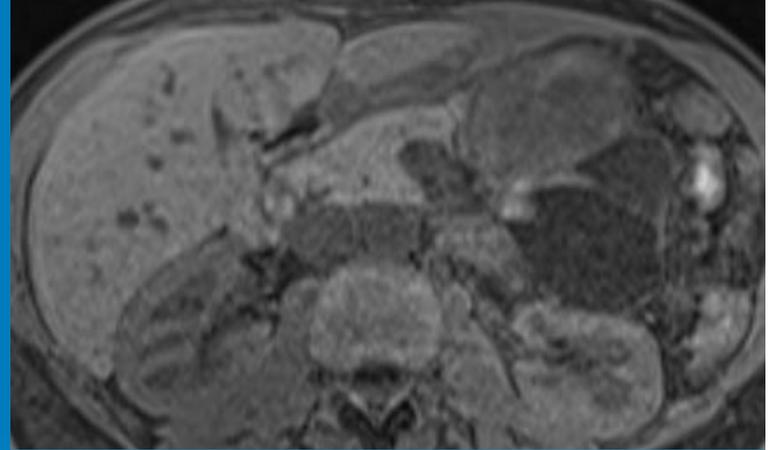
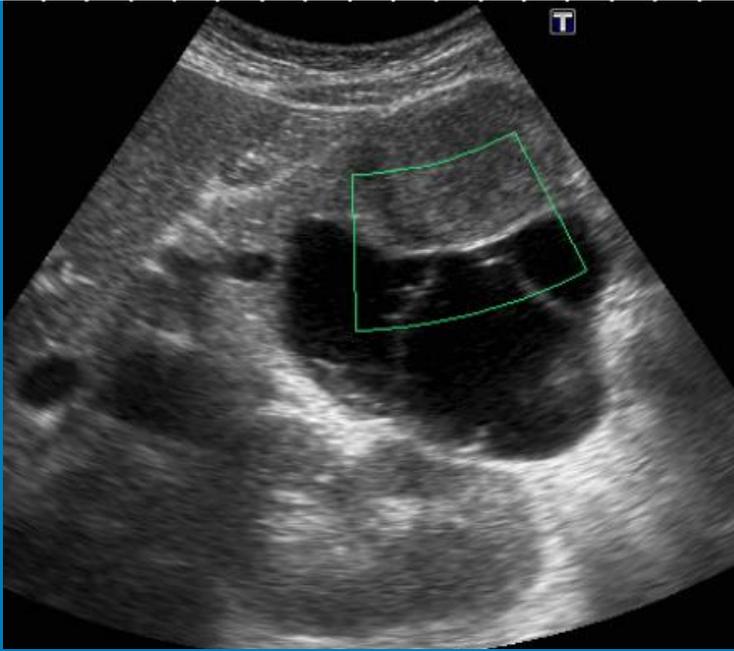


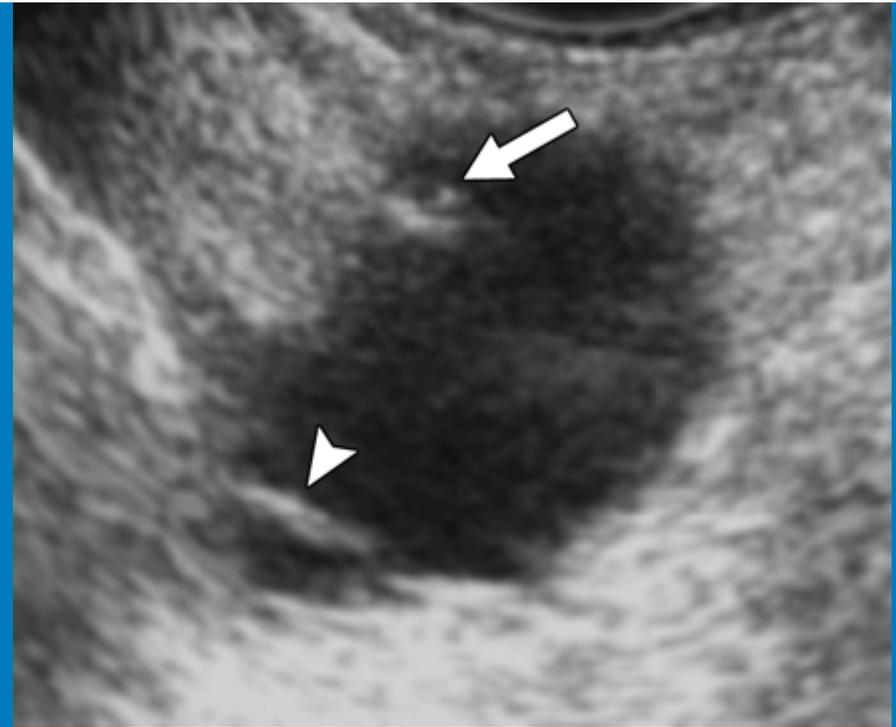
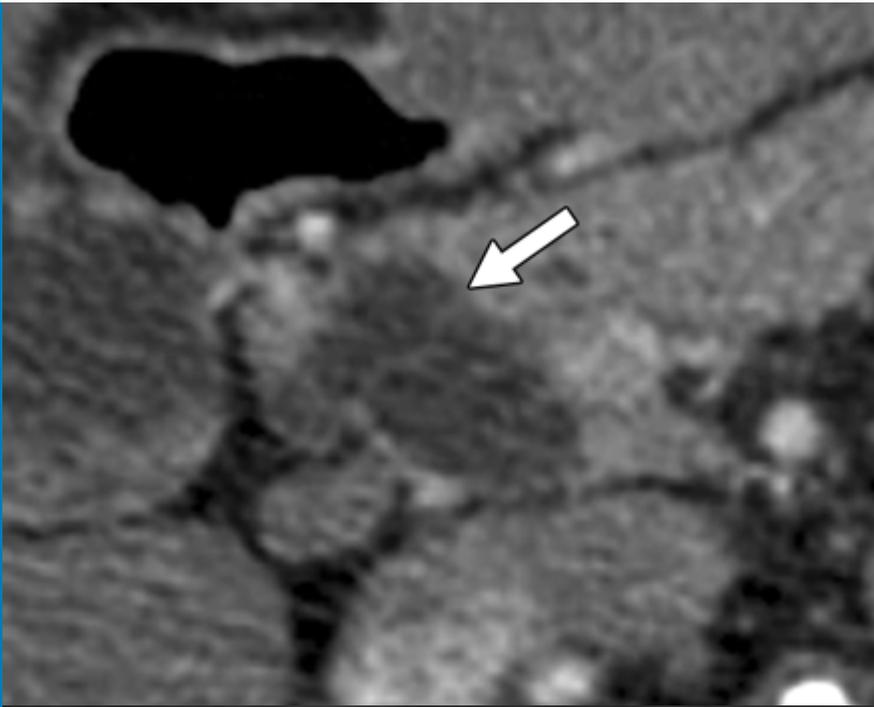
# CYSTADENOMES MUCINEUX

- Tumeur bénigne mais potentiel malin
- Femme d'âge moyen ,corporéo-caudale
- Uni ou pauciloculaire : <6k,>2 cm(Johnson)
- Pas de microkyste
- Attention si > 4cm  
et/ou nodulation tissulaire
- Malignité formelle  
envahissement vasc  
méta (ggl,foie,péritoine...)









Sainani NI AJR 2009

# TIPMP

*Tumeur Intracanalairre Pancréatique Mucineuse et Papillaire*

H>F ,svt asympto; céphalique 70%

Lésion épithéliale mucosecrétante :dilatation canalaire

Unique ou multiple , svt tubulée

Dilatation du wirsung

Communication avec le wirsung

Potentiel malin?

attention

si nodulation

si dilatation w >10mm

## CLASSIFICATION MACROSCOPIQUE D'APRÈS FURUKAWA

### « MAIN DUCT TYPE »



Dilatation diffuse du canal principal



Dilatation segmentaire du canal principal

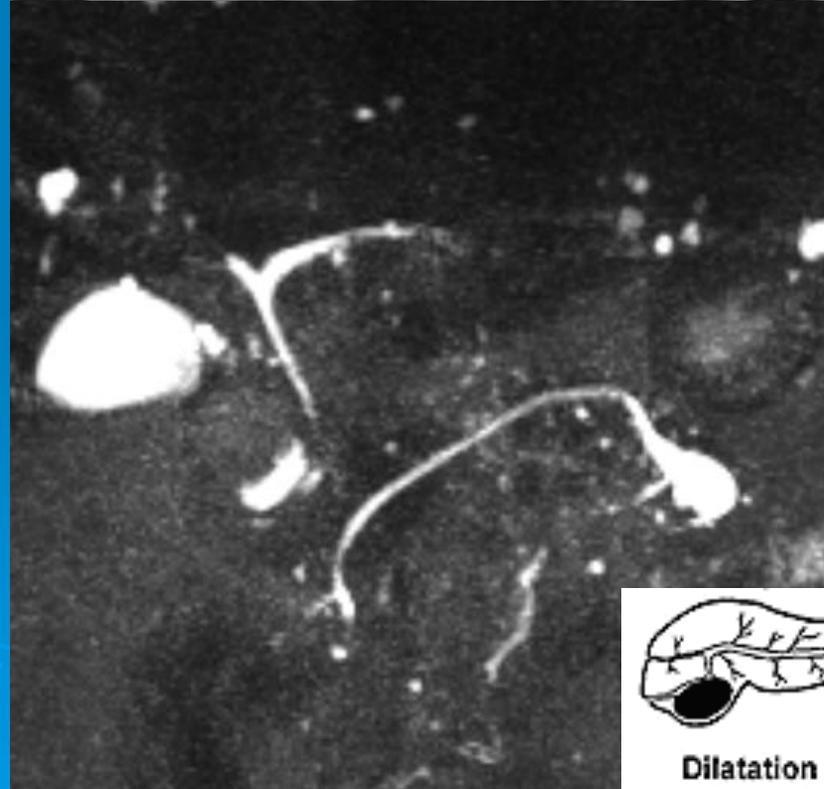
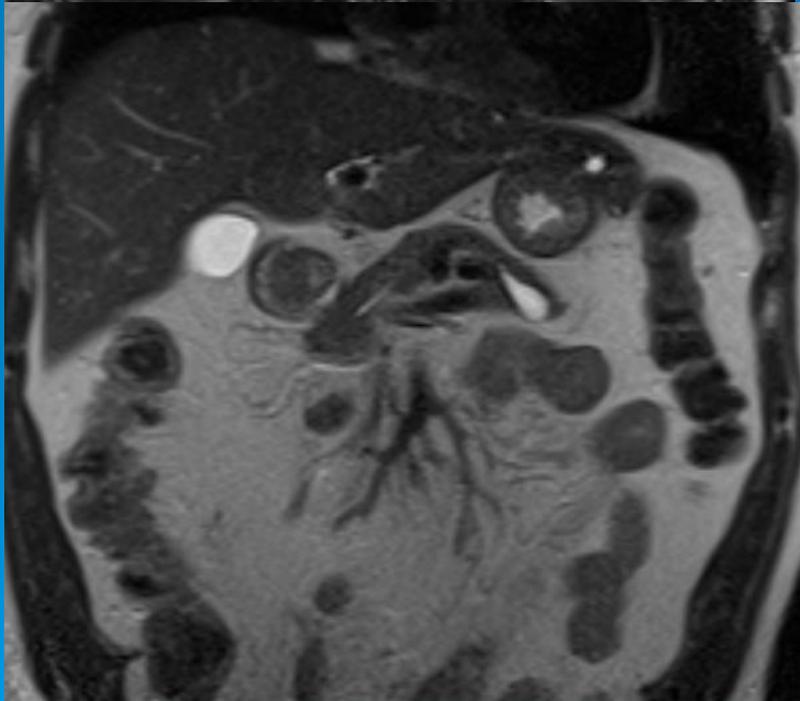
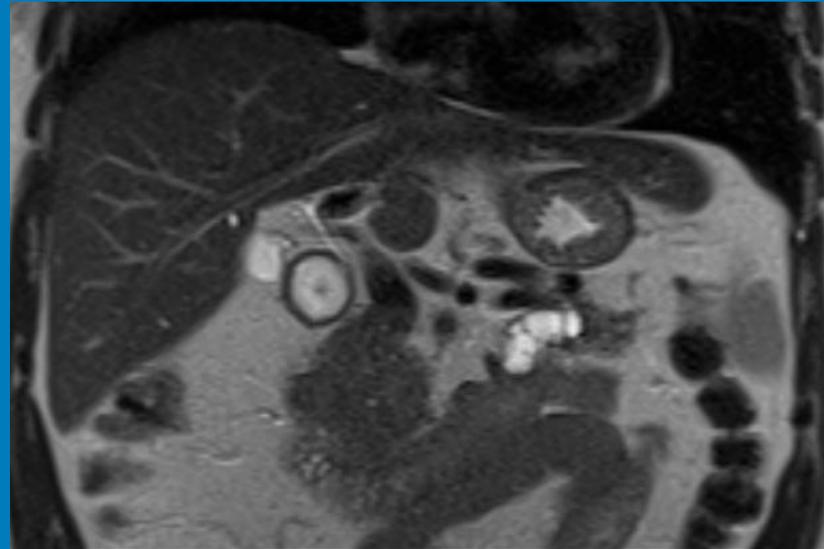
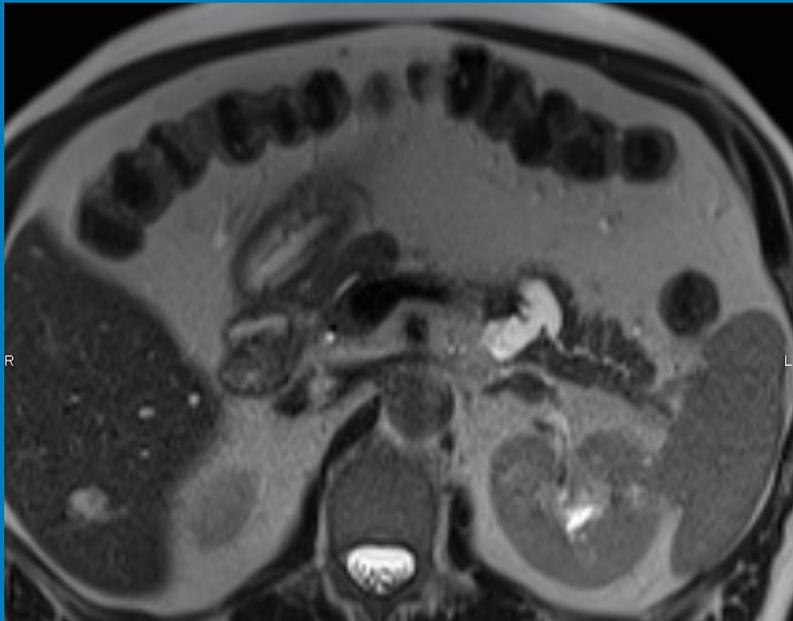


Dilatation macrokystique des canaux secondaires

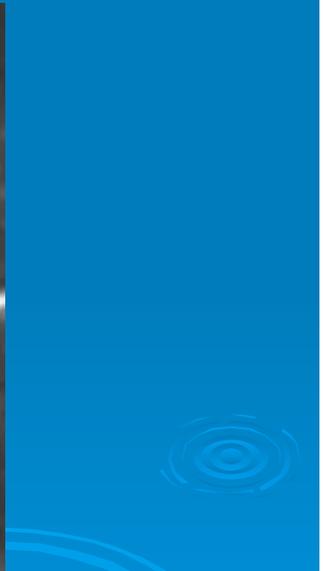
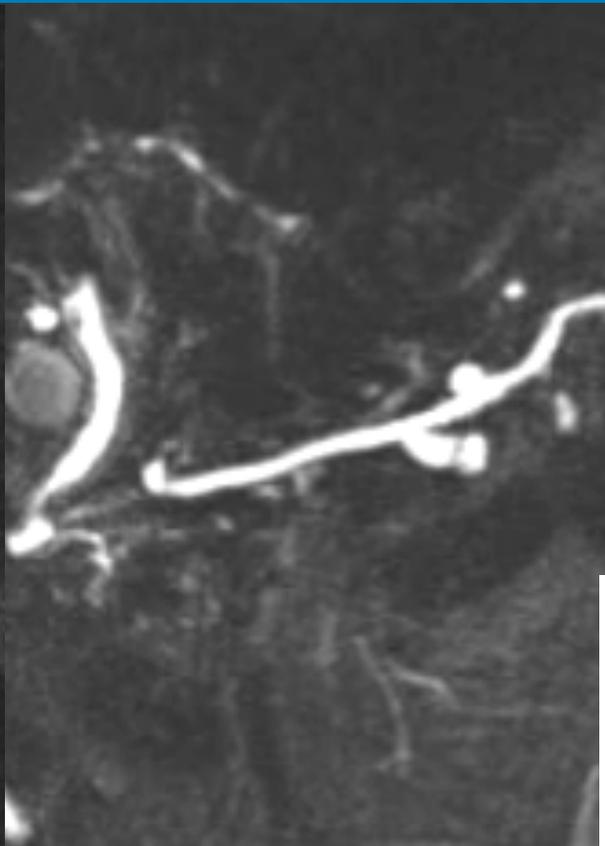
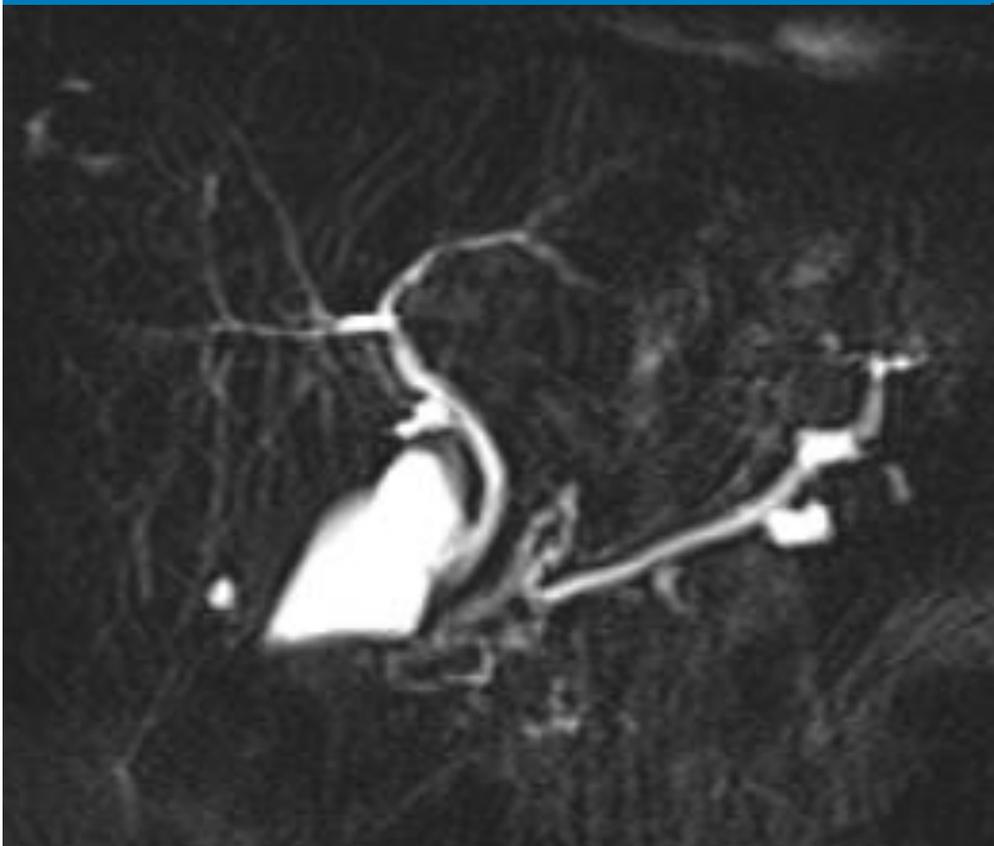
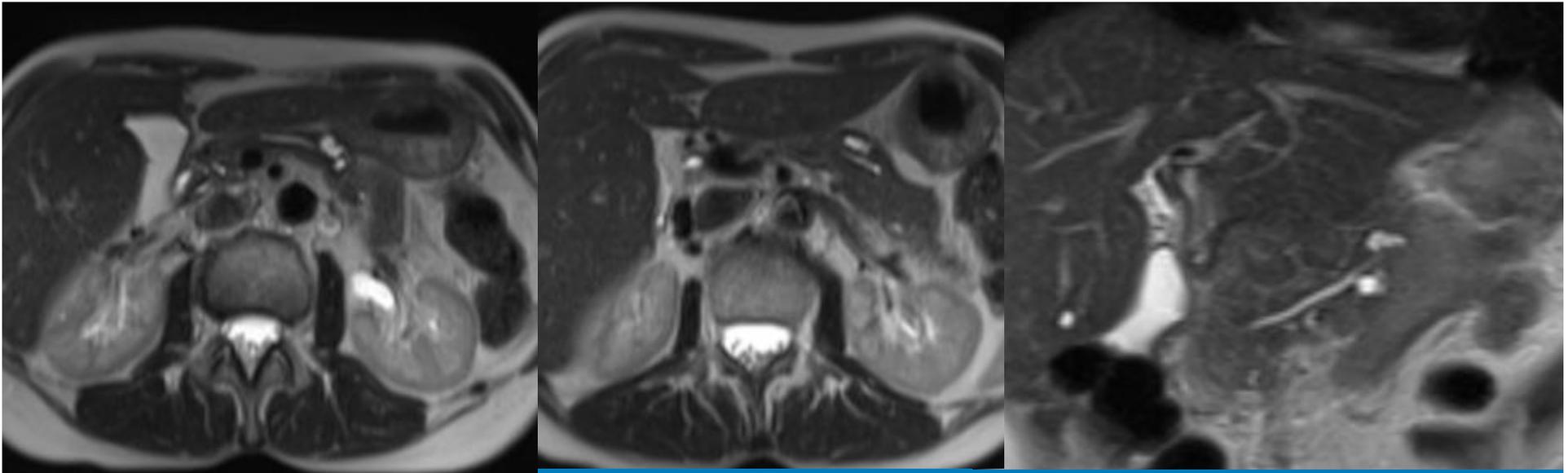


Dilatations microkystiques des canaux secondaires

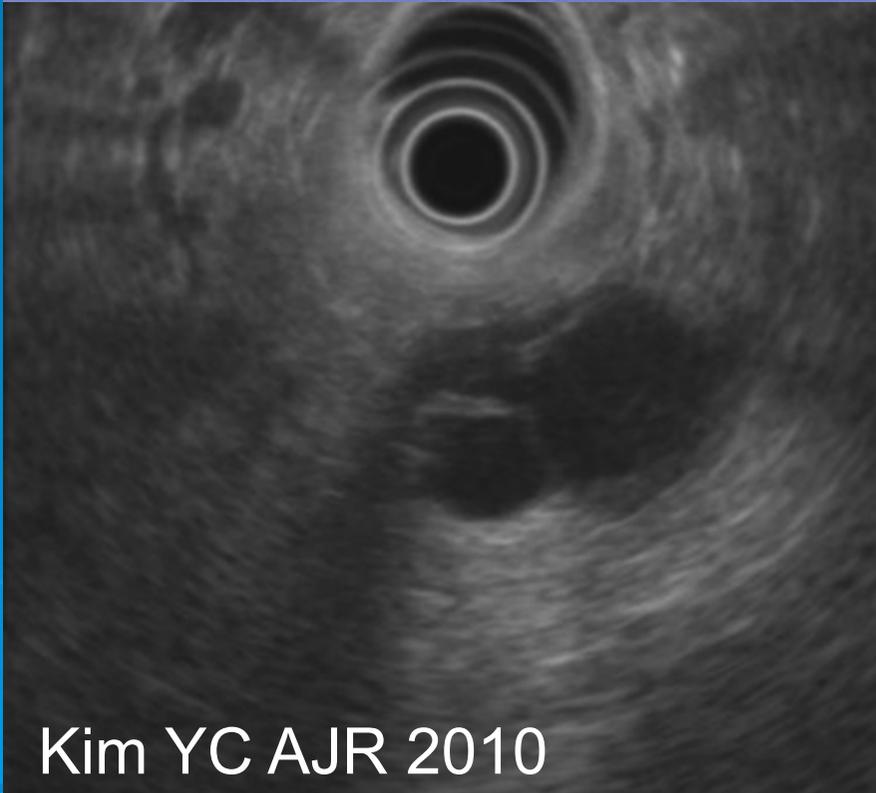
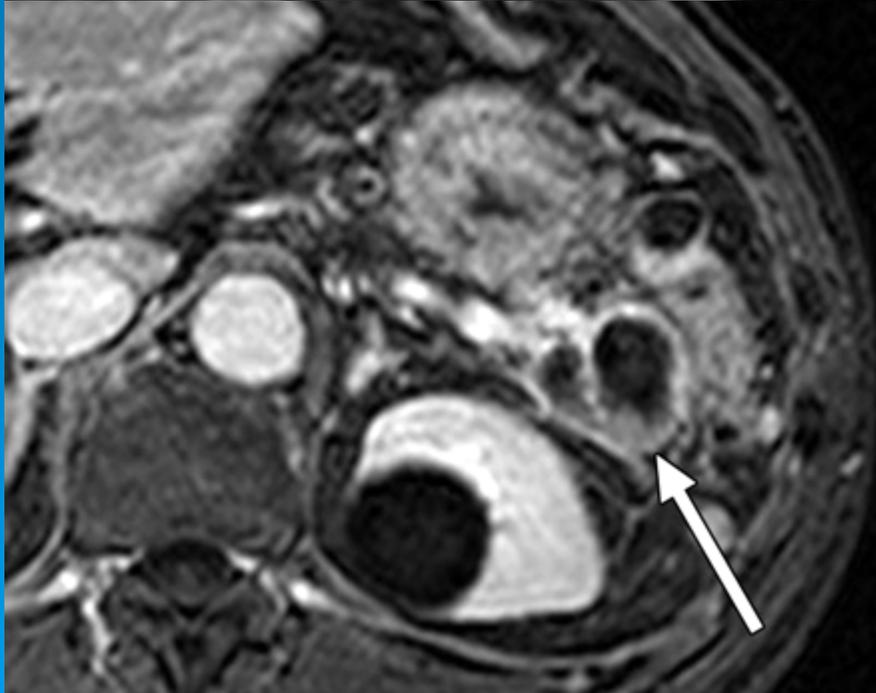
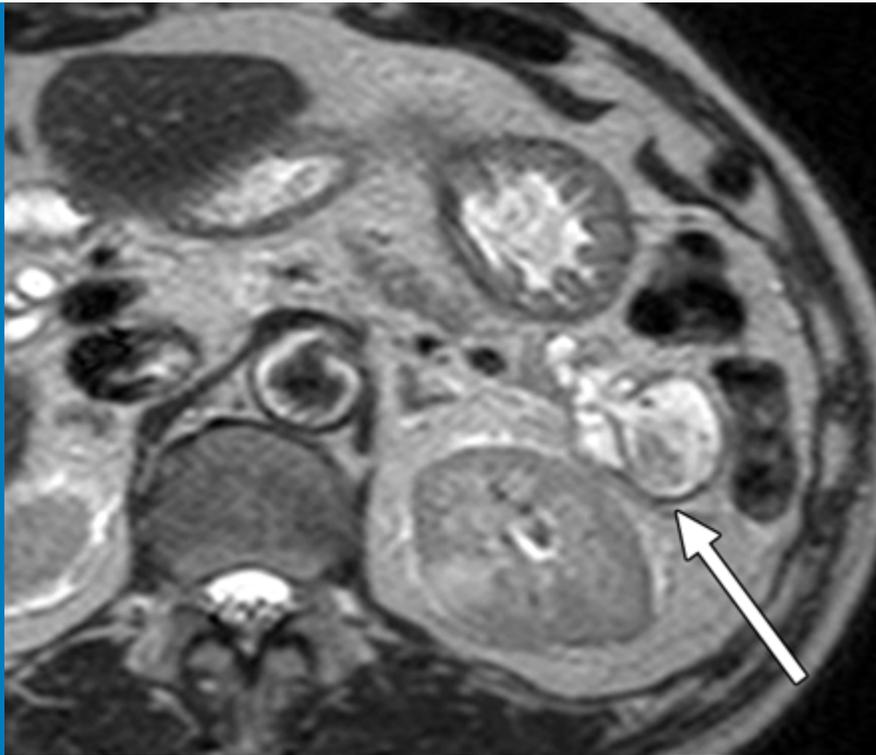
### « BRANCH DUCT TYPE »



**Dilatation macro-  
kystique des canaux  
secondaires**



**Dilatations micro-  
kystiques des  
canaux secondaires**



Kim YC AJR 2010

# KYSTE VRAI

- 10-15 % des LKP ; probablement +
- Segmentation anormale des canaux secondaires : sequestration de cellules canalaire
- Uniloculaire à paroi fine , sans composante tissulaire, non communicant avec le Wirsung
- *Autres kystes :*
  - VHL , mucoviscidose*
  - polykystose hépatorénale*

# ELEMENTS D'APPRECIATION

Echo (doppler ;contraste) -TDM -IRM (diff)

- terrain / age /sexe
- détection fortuite / symptomatique
- taille / nombre / localisation des LKP
- parois :épaisseur ,prise de contraste ?
- nodule(s) ?, végétation(s) ?
- cicatrice ? , calcification?
- anomalie du wirsung ?(aval ,amont)
- communication avec le wirsung

# S'AGIT IL D'UN PSEUDOKYSTE ?

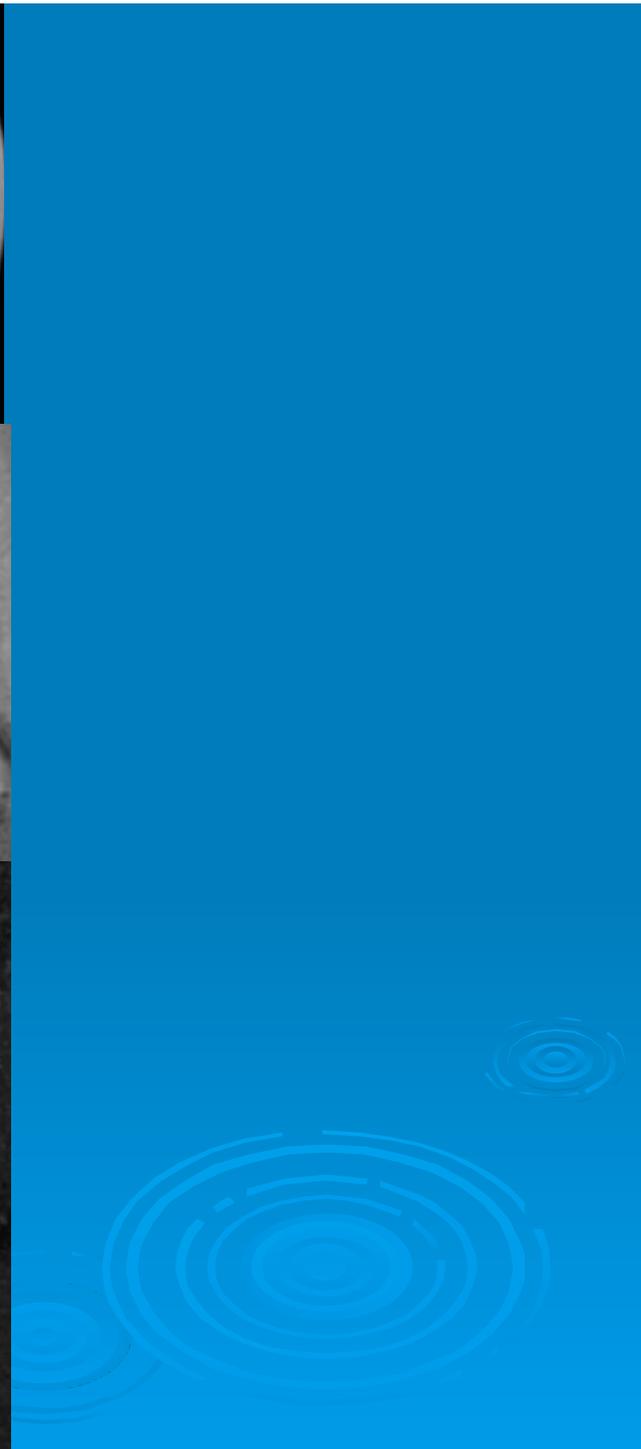
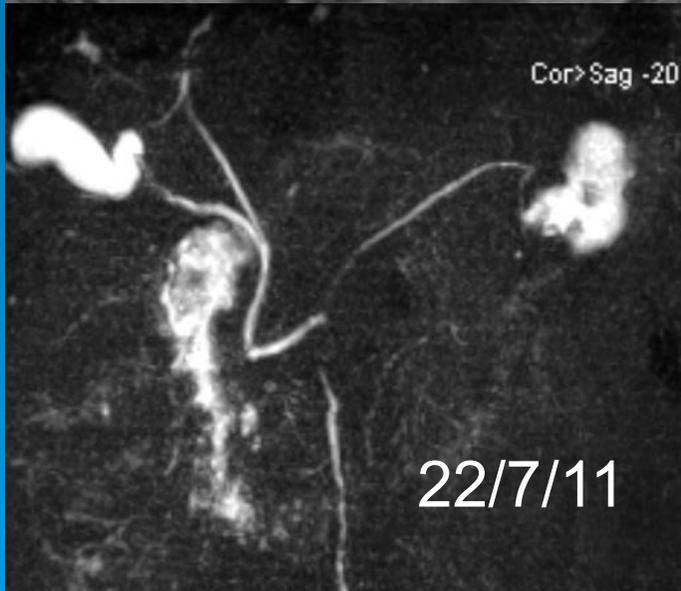
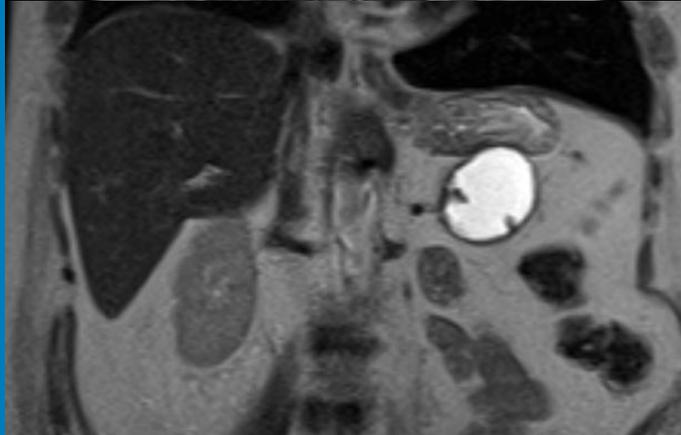
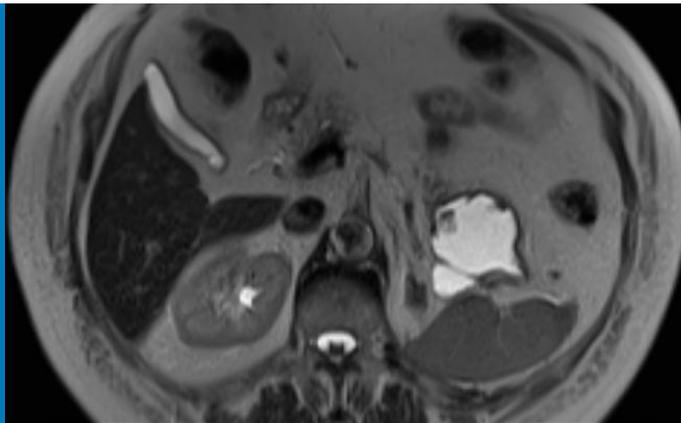
- L'évoquer de principe
- Meme si pas d'antécédent évident de pancréatite

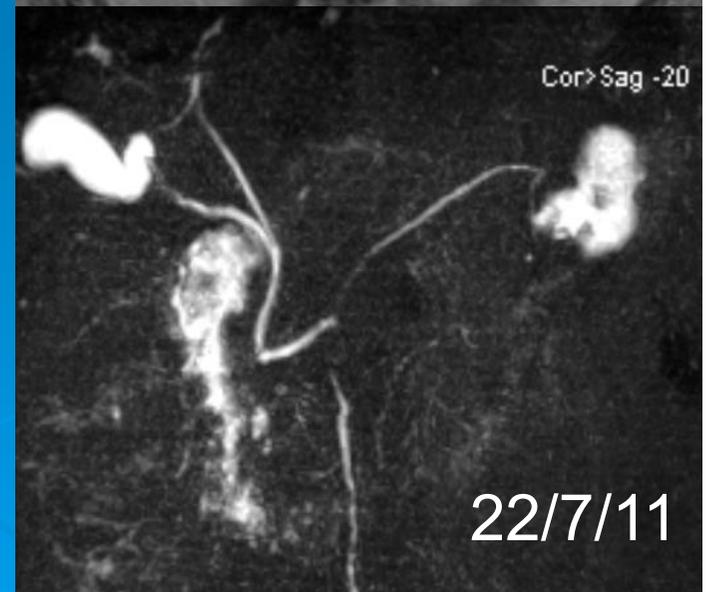
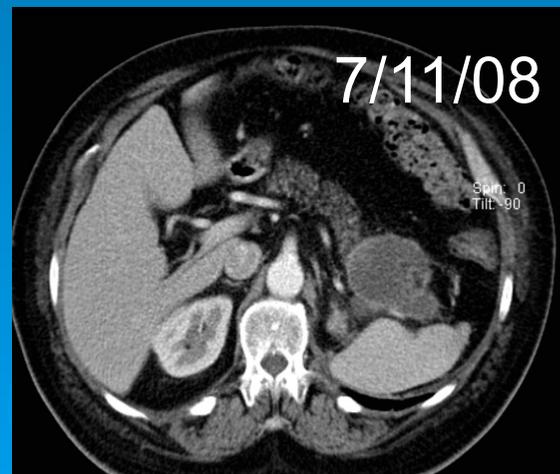
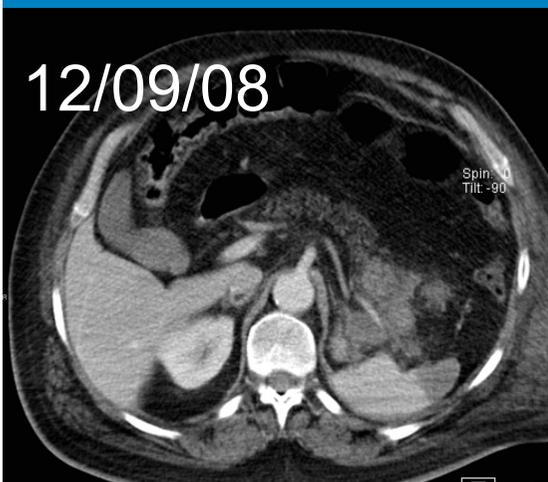
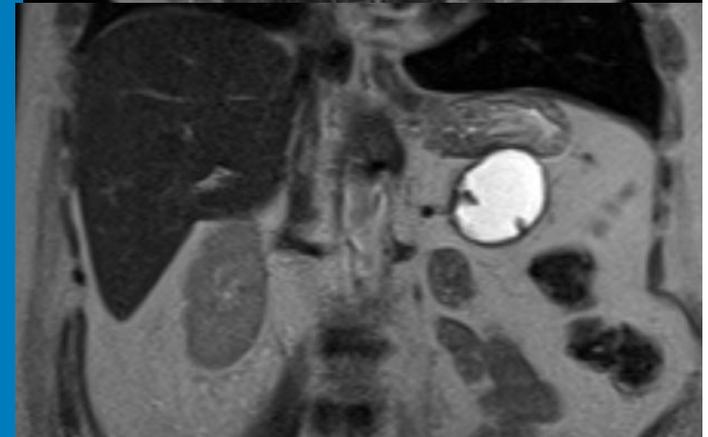
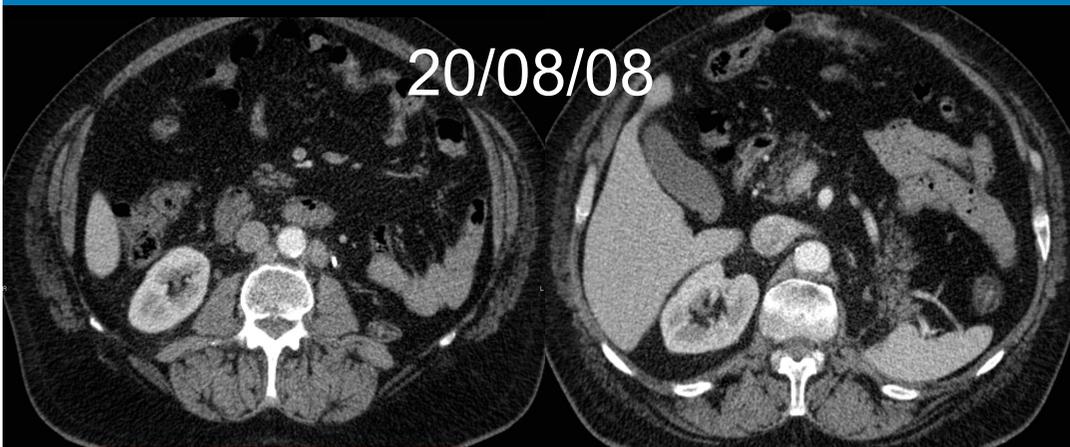
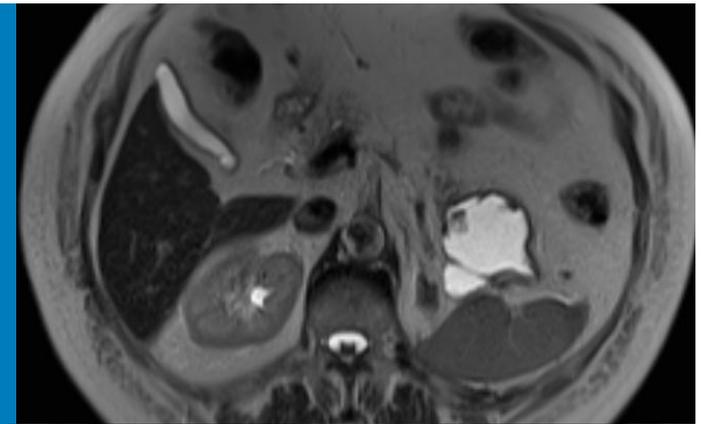
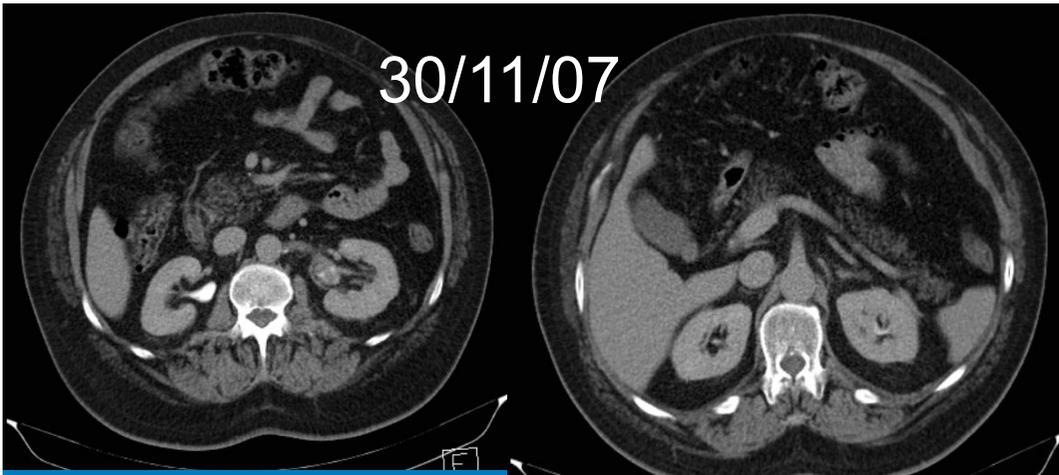
S'AGIT IL D'UN CYSTADENOME SEREUX ?

S'AGIT IL D'UNE TIPMP ?

S'AGIT IL D'UNE LESION A POTENTIL MALIN ?

...ET LES KYSTES VRAIS ?





S'AGIT IL D'UN PSEUDOKYSTE ?

S'AGIT IL D'UN CYSTADENOME SEREUX ?

Si doute avec TIPMP

-CS : unique , comm w -, dilat w -

-TIPMP : multiple , comm w+ , dilat w +

Cas particulier du CS pseudo-solide

-IRM ++ (T2)

-attention : TNE , méta

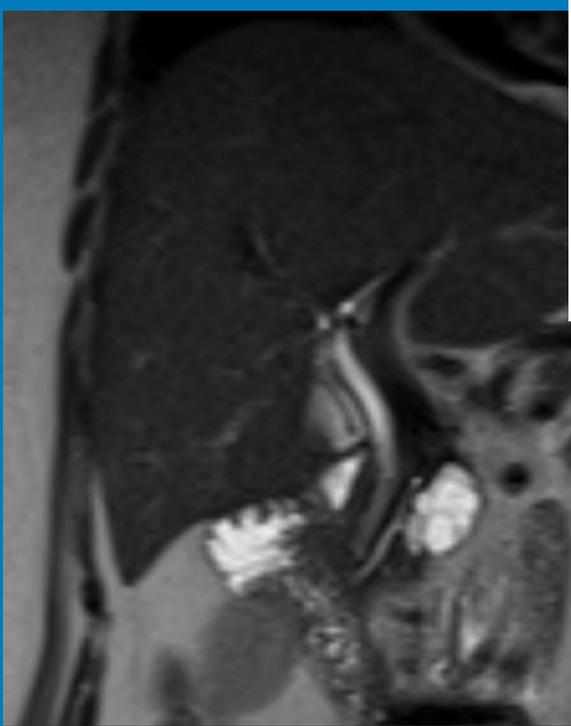
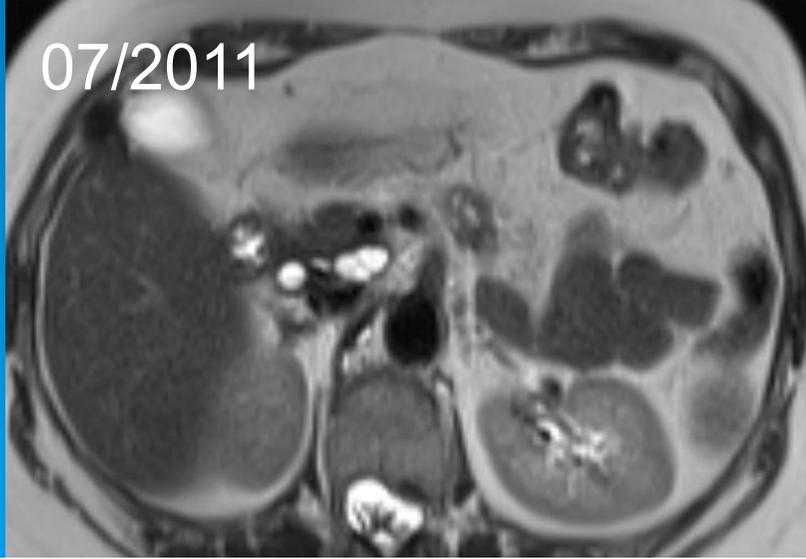
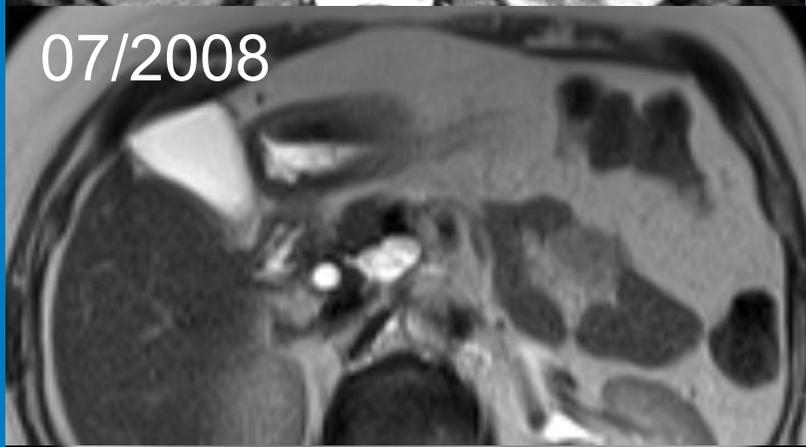
Si CS typique : bénin ,

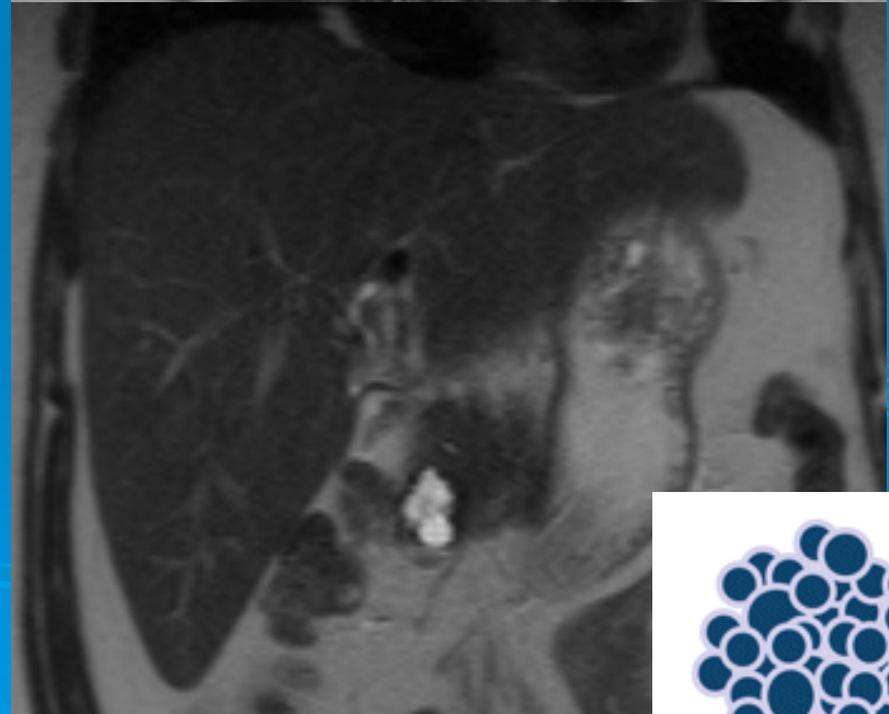
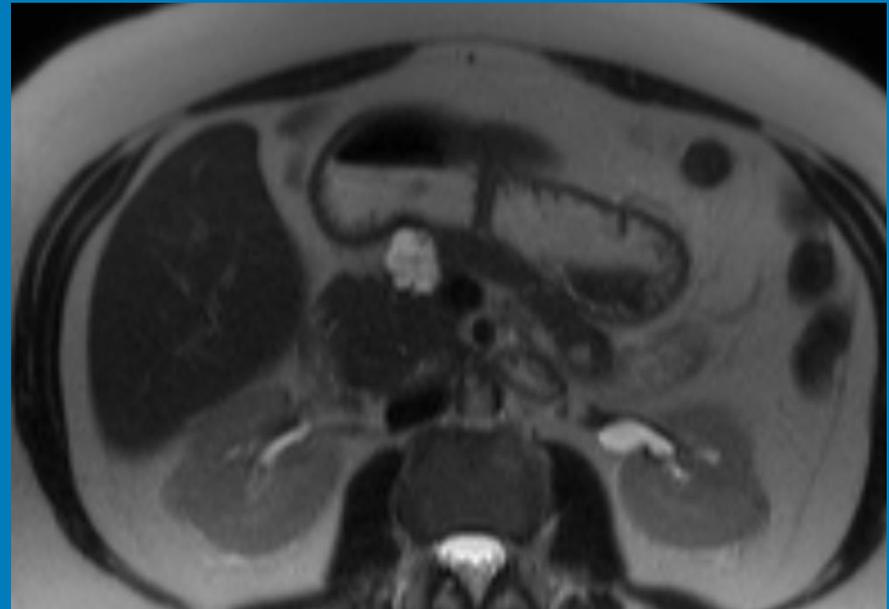
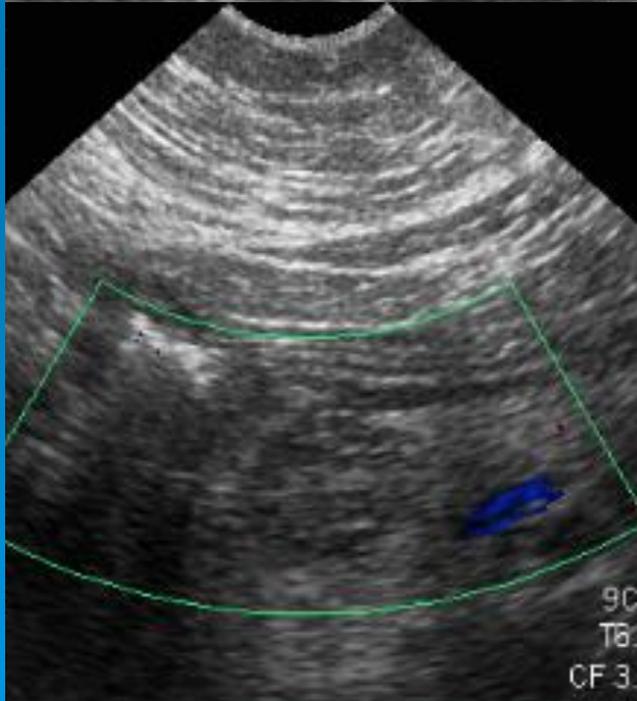
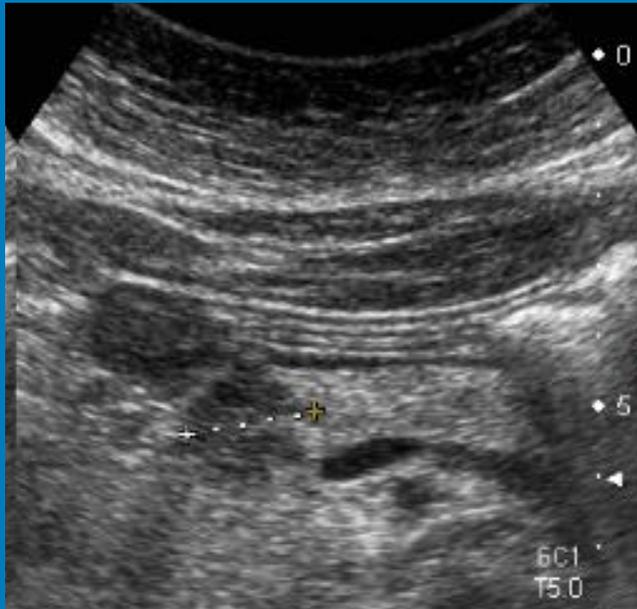
si asymptomatique : suivi (écho, IRM)

S'AGIT IL D'UNE TIPMP ?

S'AGIT IL D'UNE LESION A POTENTIL MALIN ?

...ET LES KYSTES VRAIS ?





S'AGIT IL D'UN PSEUDOKYSTE ?

S'AGIT IL D'UN CYSTADENOME SEREUX ?

S'AGIT IL D'UNE TIPMP ?

Si doute avec Cystadénome Séreux

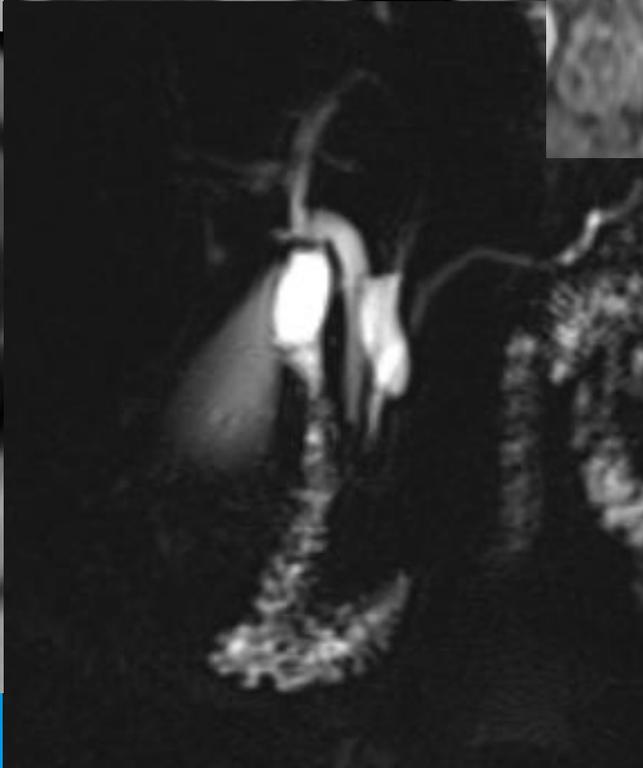
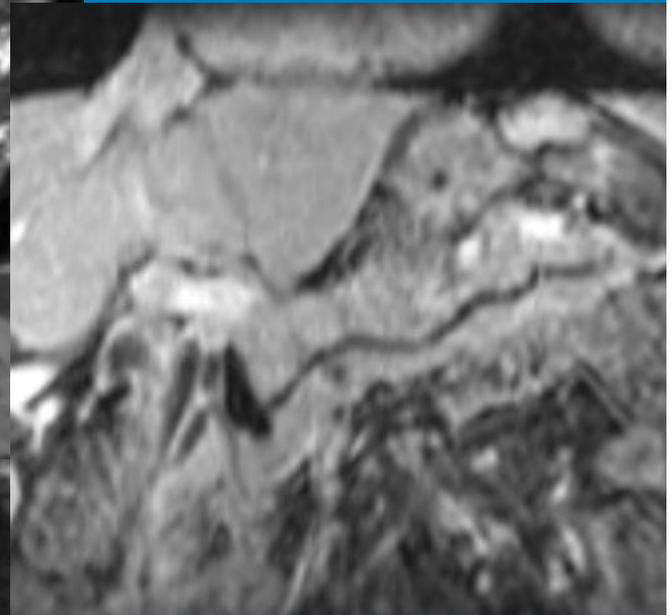
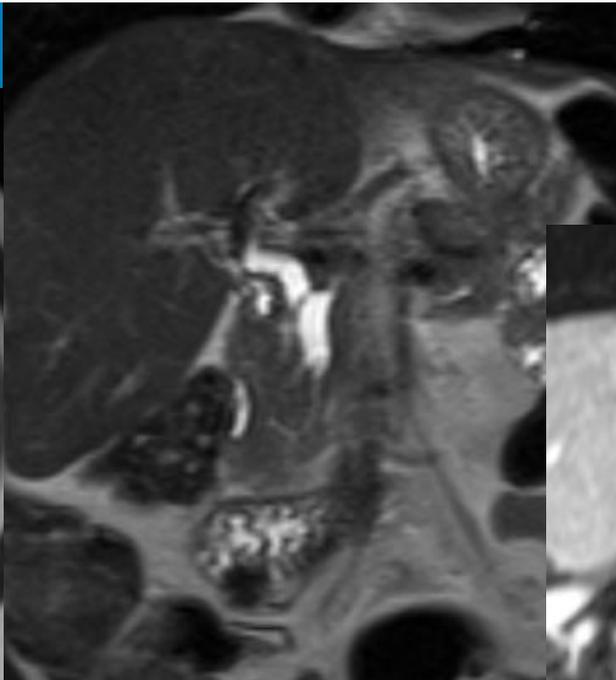
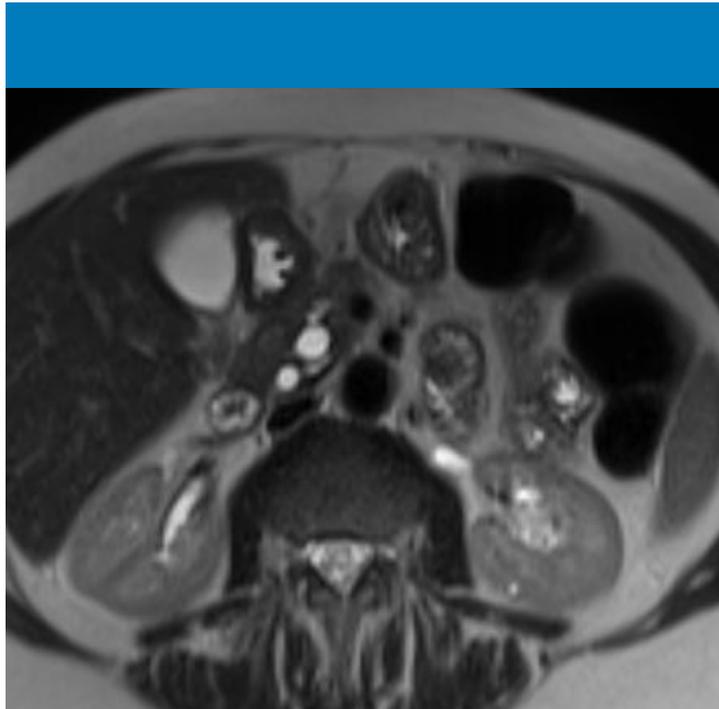
-CS :unique ,comm w -, dilat w –

-TIPMP : multiple ,comm w+ ,dilat w +

*Echo Endo*

S'AGIT IL D'UNE LESION A POTENTIL MALIN ?

...ET LES KYSTES VRAIS ?



**Dilatation macrocystique des canaux secondaires**

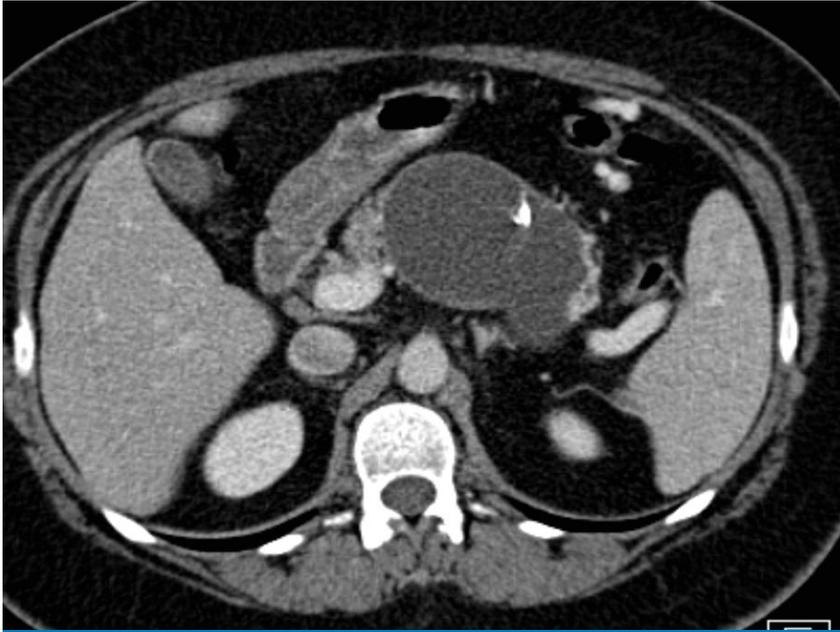
S'AGIT IL D'UN PSEUDOKYSTE ?  
S'AGIT IL D'UN CYSTADENOME SEREUX ?  
S'AGIT IL D'UNE TIPMP ?

S'AGIT IL D'UNE LESION A POTENTIEL MALIN ?

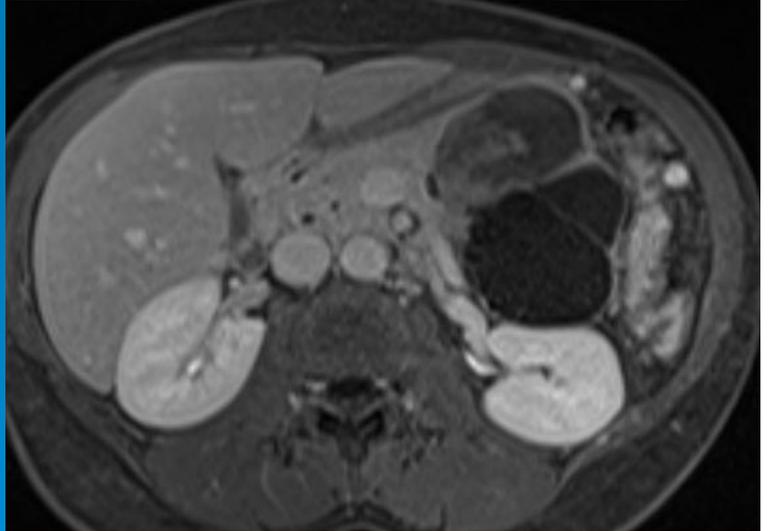
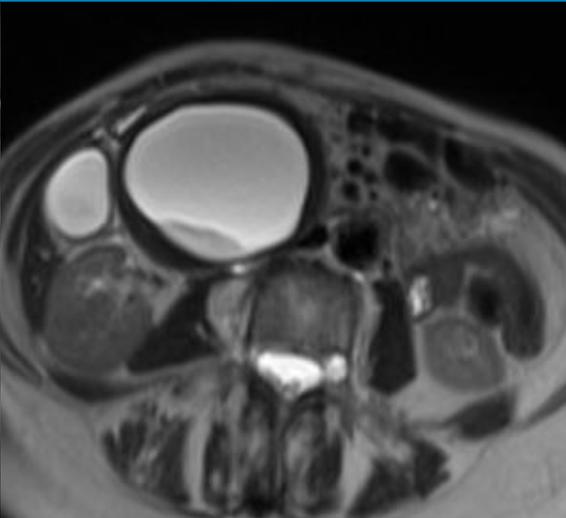
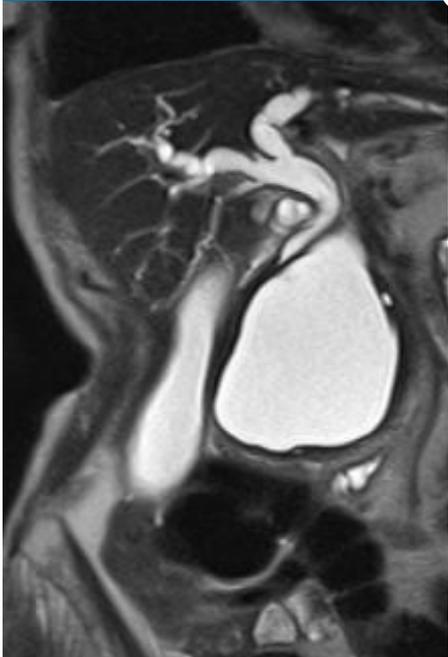
- C Mucineux / C Séreux macrokystique  
Corporéocaudal  
Parois + épaisses ,irrégulières, pc +  
Contours non lobulés  
Pas de microkyste
- Autres : TSPP; TNE; Méta.....

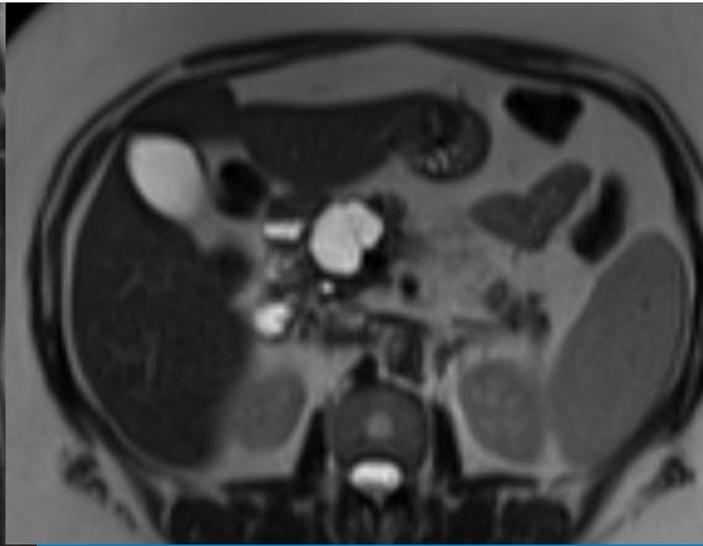
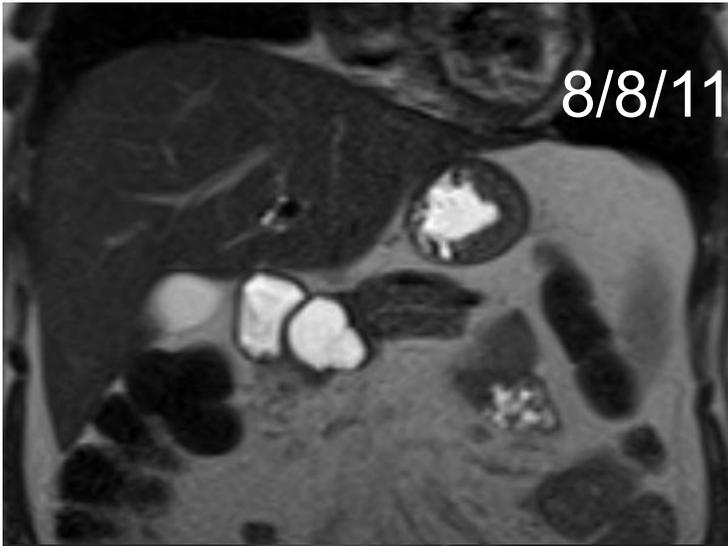
*Echo Endo*

...ET LES KYSTES VRAIS ?

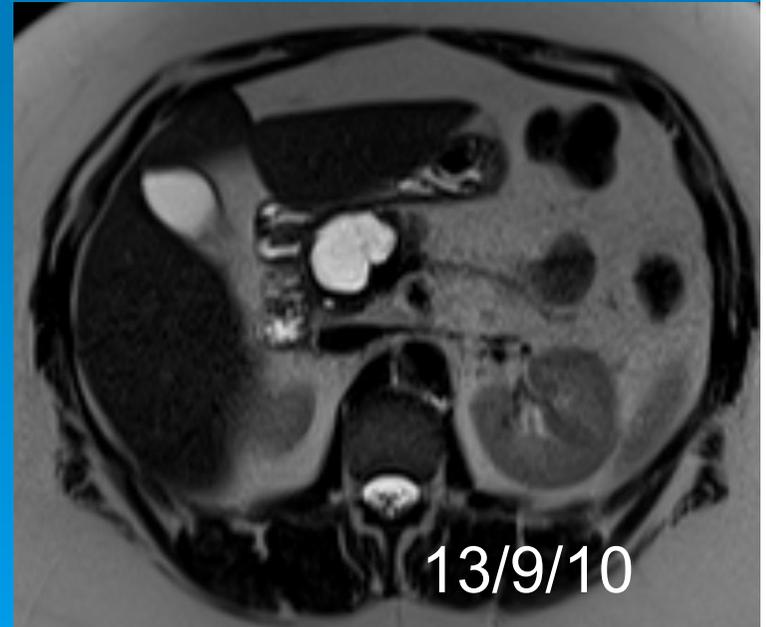
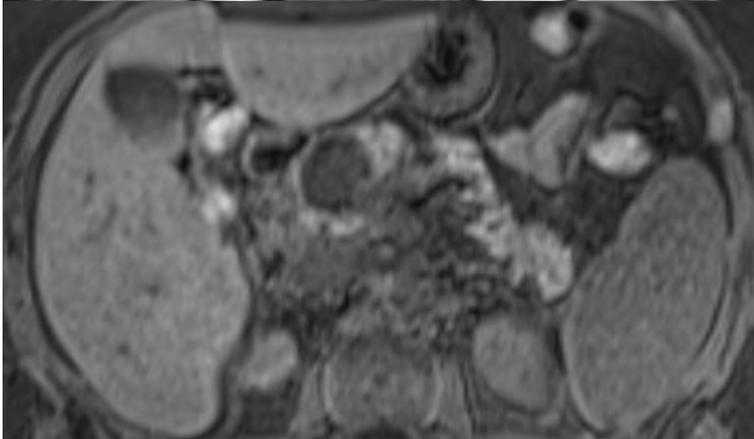


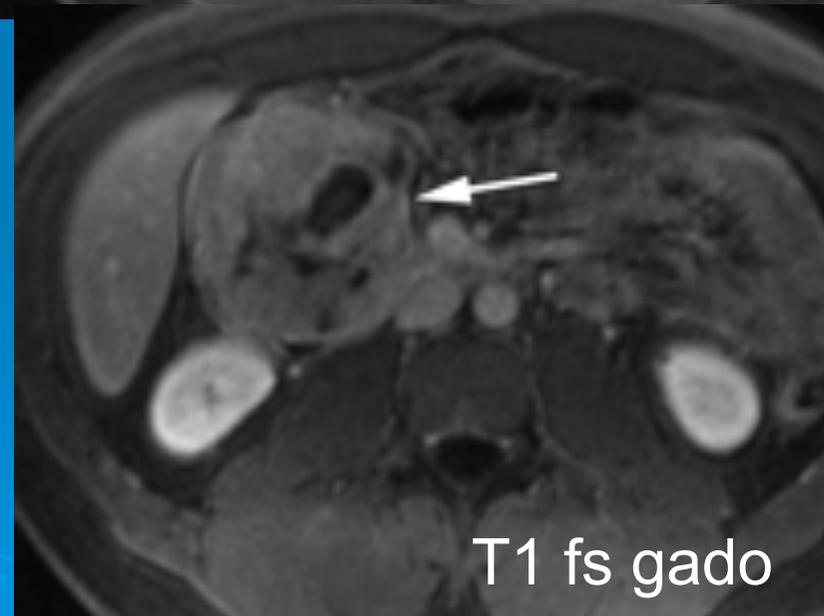
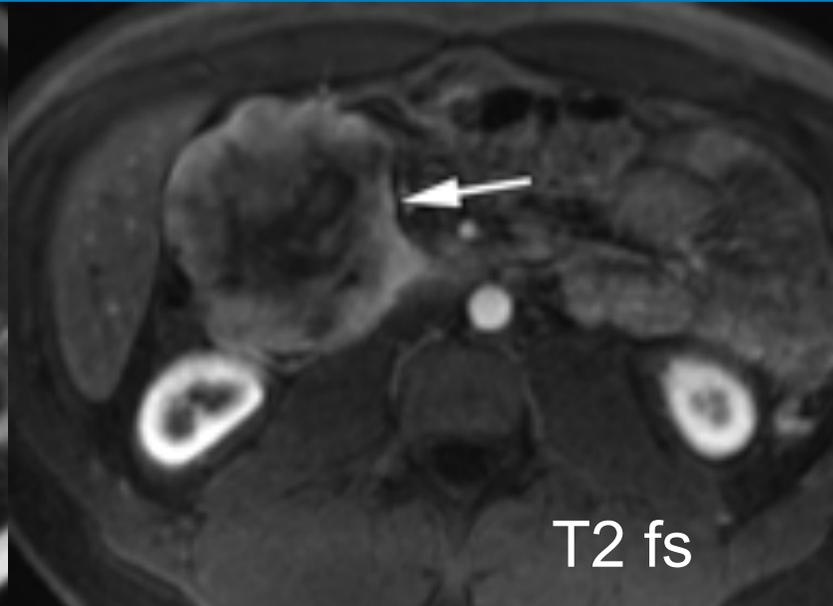
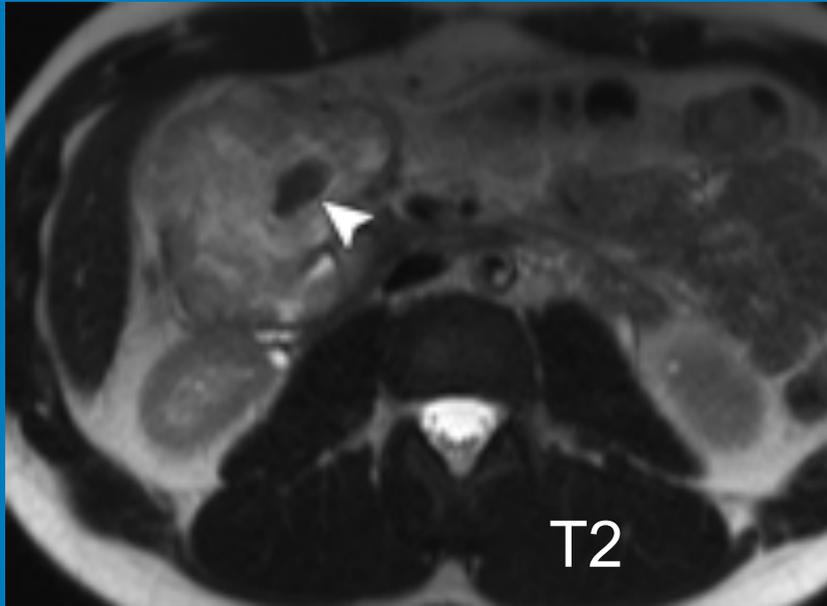
## Cystadénomes mucineux





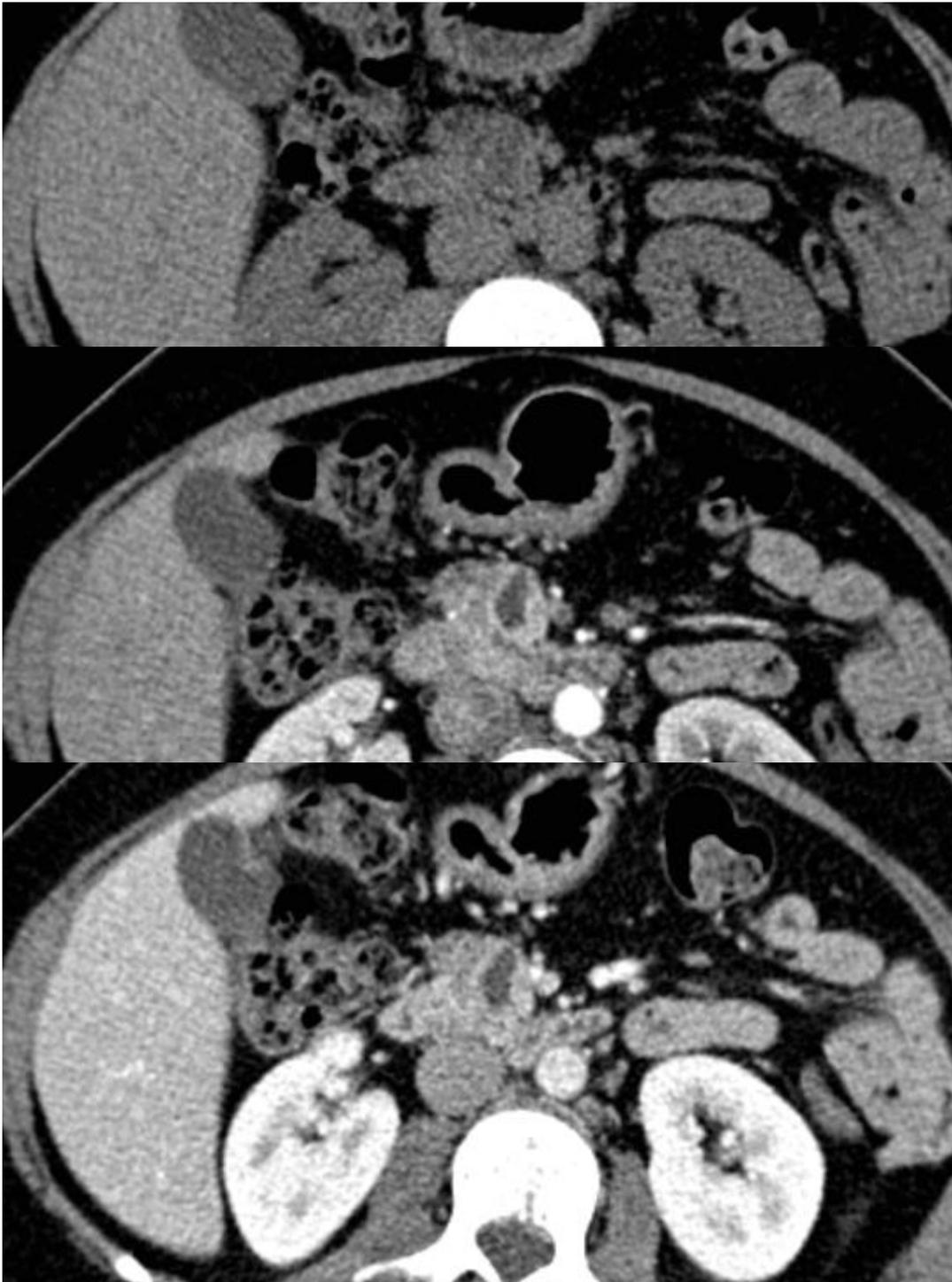
Cystadénome séreux  
pauciloculaire





Tumeur Solide Pseudo-Papillaire  
(femme jeune )

Kalb B Radiographics 2009



# Tumeur NeuroEndocrine

(VIPome)



S'AGIT IL D'UN PSEUDOKYSTE ?

S'AGIT IL D'UN CYSTADENOME SEREUX ?

S'AGIT IL D'UNE TIPMP ?

S'AGIT IL D'UNE LESION A POTENTIEL MALIN ?

...ET LES KYSTES VRAIS ?

Sans doute fréquents

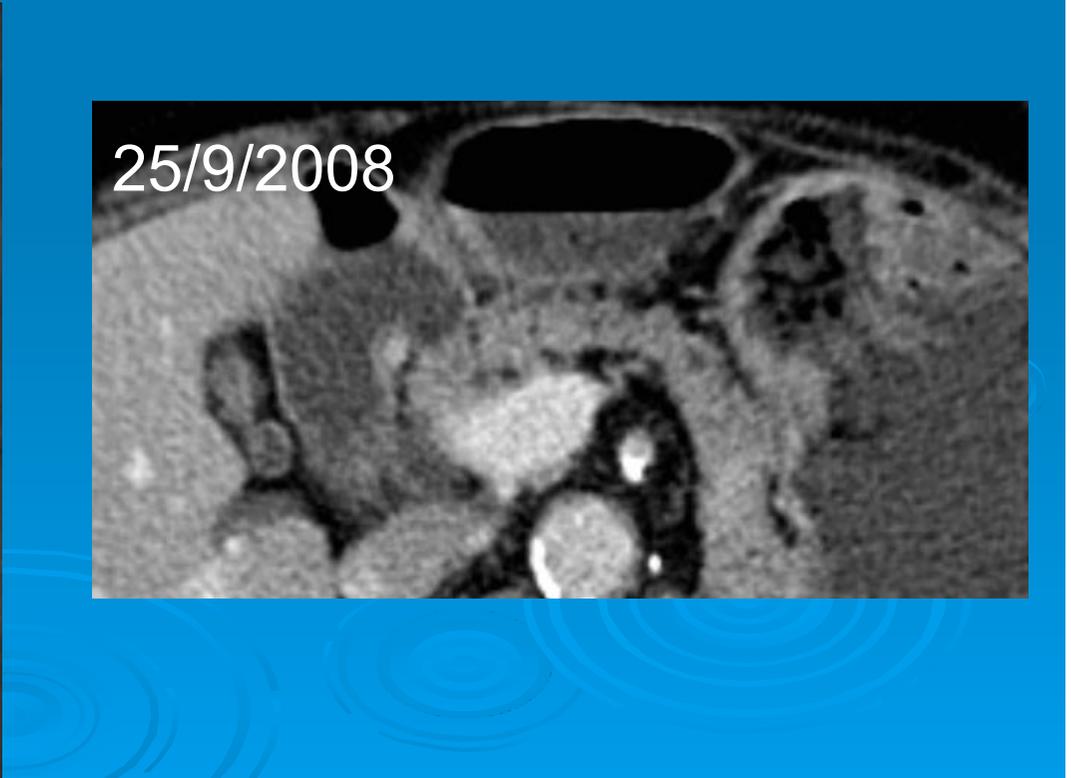
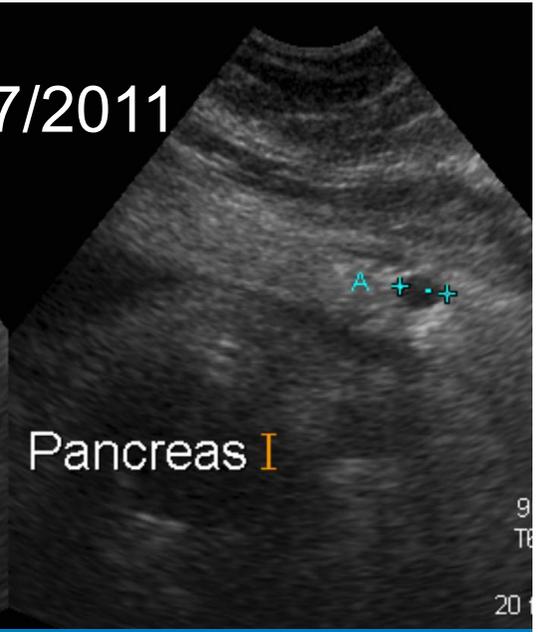
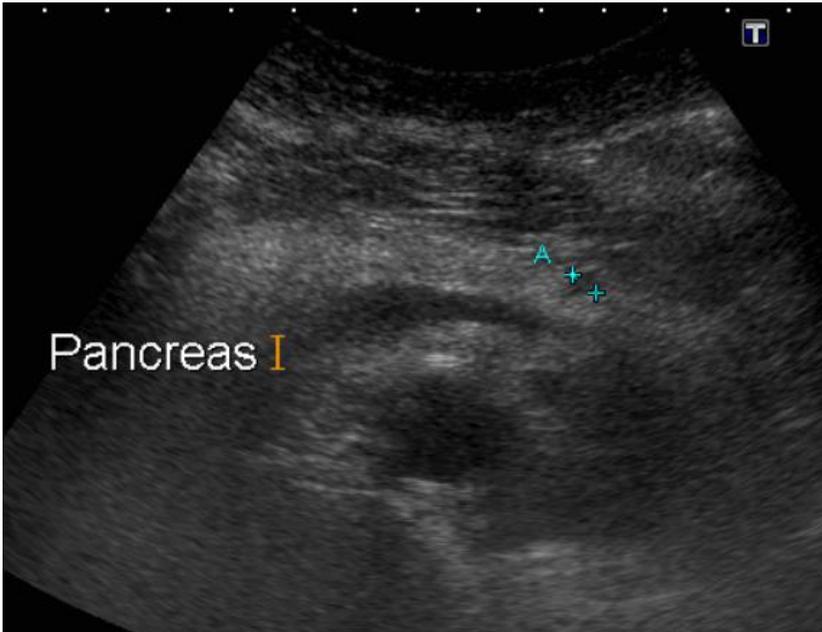
« kyste simple » du pancréas ??

*Handrich et coll AJR 2005*

*The natural history of the incidentally discovered small simple pancreatic cyst*

*Laffan et coll AJR 2008*

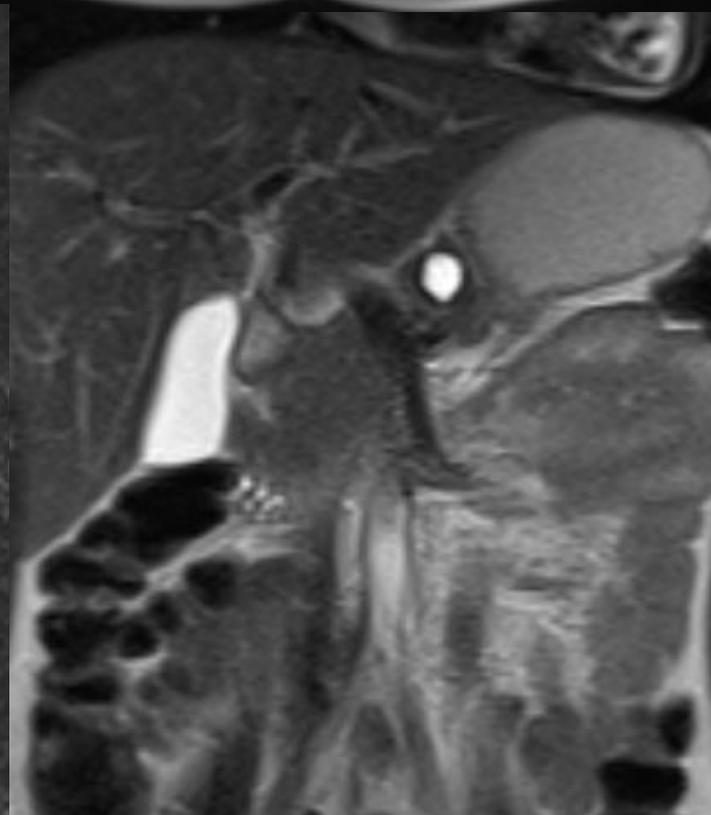
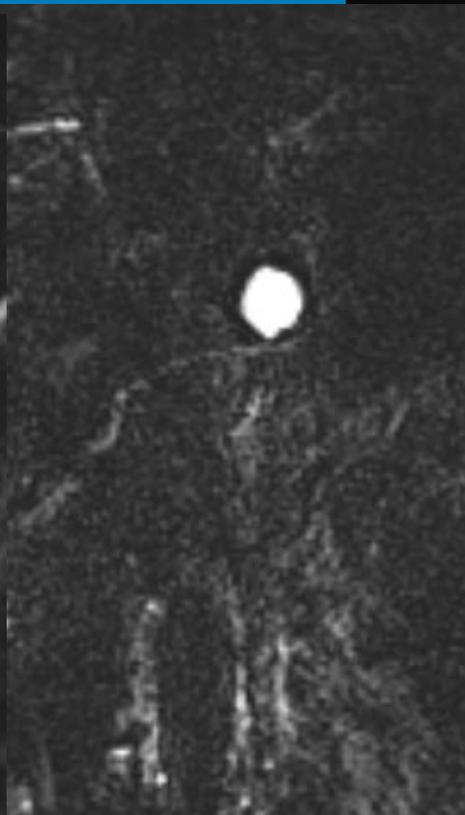
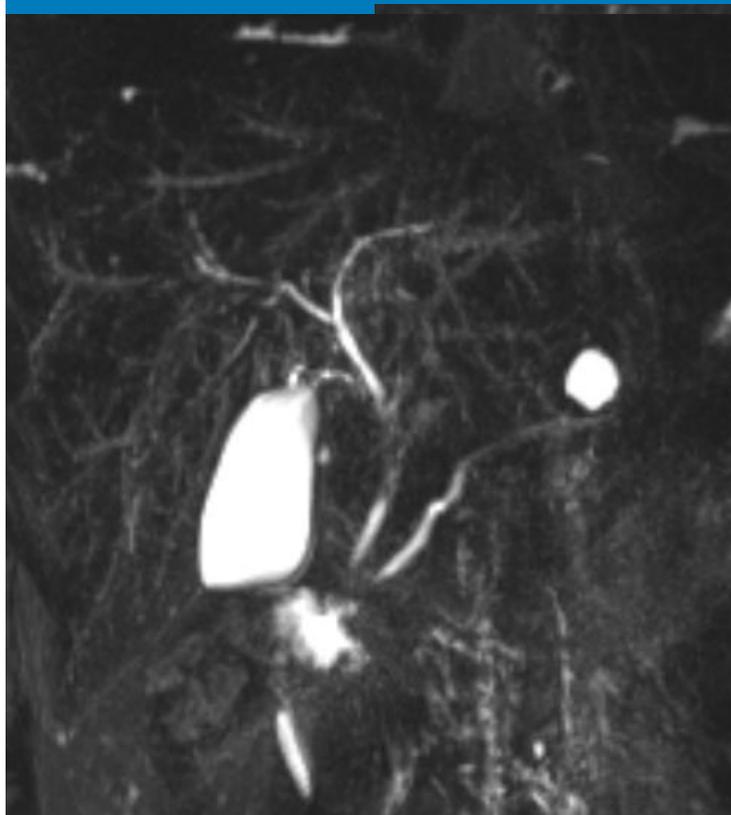
*Prevalence of unsuspected pancreatic cysts on MDCT*



27/01/2009



01/4/2011



# Pour en savoir (beaucoup) plus

*.Durieux et coll JFR 2007*

Imagerie des lésions kystiques du pancréas

*.Vuillerme et coll JFR 2007*

Kyste pancréatique unique : surveiller ou opérer?

*.Lewin et coll J Radiol 2008*

Imagerie des lésions kystiques du pancréas  
de découverte fortuite

*.Kalb et coll Radiographics 2009*

MRImaging of cystic lesions of the pancreas

*.Choi et coll AJR 2009*

Typical and atypical manifestations of serous cysadenoma  
of the pancreas

*.Vuillerme et coll J Radiol 2005*

Aspect radiologique des TIPMP