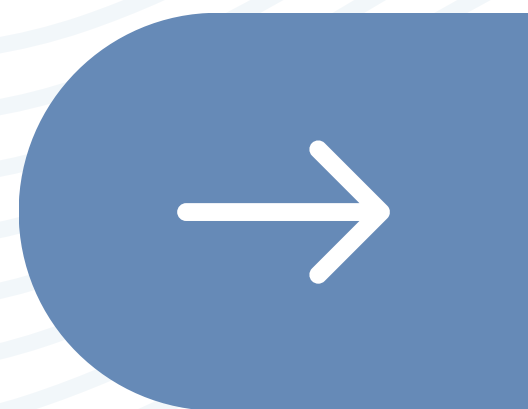


#DIBS BY NEXTILLO

DAILY INFORMATION BULLETIN SERVICE

CARCINOMA PANCREAS





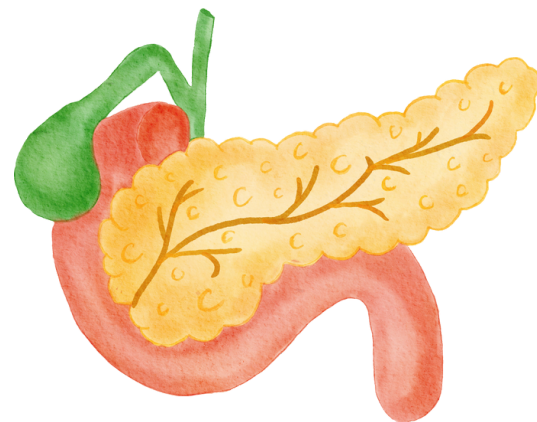
#DIBSBYNEXTILLO

DAILY INFORMATION BULLETIN SERVICE

CARCINOMA PANCREAS

Risk Factors :

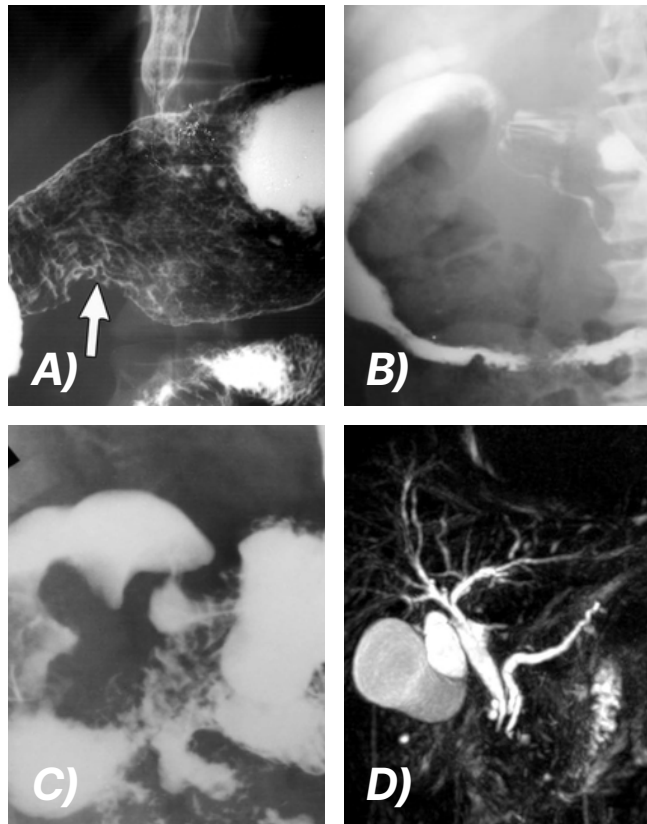
- *Smoking/Tobacco*
- *Hereditary pancreatitis*
- *HNPCC*
- *Hereditary Breast and ovarian cancer*
- *Ataxia telangiectasia*
- *FAMMM Syndrome*
- *Puetz-Jeghers Syndrome*
- *DM*
- *Obesity*
- *Chronic Pancreatitis*





CARCINOMA PANCREAS

RADIOLOGICAL SIGNS



A) Antral Pad Sign

B) Widening of C Loop

C) Reverse 3 sign of Frostberg

D) Double Duct Sign



CLINICAL FEATURES

- 1. Abdominal Pain:** *In the upper abdomen or mid-back. Dull, aching pain that may radiate.*
- 2. Weight Loss:** *Unexplained and rapid weight loss is a common symptom.*
- 3. Jaundice:** *MC symptom, Yellowing of the skin and eyes due to obstructed bile flow. Pale-colored stools and dark urine may accompany jaundice.*
- 4. Digestive Issues:** *Poor appetite and a sense of early fullness after eating. Nausea and vomiting, especially after meals.*
- 5. Changes in Stool:** *Greasy, pale stools due to impaired fat digestion.*
- 6. Diabetes:** *New-onset diabetes, as the tumor affects insulin-producing cells.*
- 7. Fatigue:** *Generalized weakness and tiredness.*
- 8. Back Pain:** *Discomfort or pain in the mid-back region.*





DIAGNOSIS

Imaging Studies:

- **CT Scan of the pancreas** to identify tumors and evaluate their size and location.
- **MRI** for visualizing soft tissues and detecting pancreatic tumors.
- **Endoscopic Ultrasound (EUS):** Combines endoscopy with ultrasound to obtain detailed images and biopsy samples.

Endoscopic Retrograde Cholangiopancreatography (ERCP):

- **Dye Injection:** Allows visualization of the pancreatic and bile ducts.

Biopsy

Fine Needle Aspiration (FNA): Extracting tissue samples for pathological analysis.

Positron Emission Tomography (PET) Scan:

- **Metabolic Imaging:** Identifies areas of increased metabolic activity, helping to evaluate tumor spread.

Histopathological Examination:

- **Tissue Analysis:** Examining biopsy or surgically removed specimens for cancerous cells.

IOC for Carcinoma Pancreas: CECT



MANAGEMENT

1. Surgery:

- **Whipple Procedure (Pancreaticoduodenectomy):** Removal of the head of the pancreas, part of the small intestine, gallbladder, and bile duct.
- **Distal Pancreatectomy:** Removal of the tail and body of the pancreas.
- **Total Pancreatectomy:** Rarely performed, involves removal of the entire pancreas.

2. Chemotherapy:

- **Adjuvant Chemotherapy:** Given after surgery to target remaining cancer cells.
- **Neoadjuvant Chemotherapy:** Administered before surgery to shrink tumors.
- **Palliative Chemotherapy:** For advanced cases to control symptoms and improve quality of life.





MANAGEMENT

3. Radiation Therapy:

Adjuvant Radiation: Post-surgery to eliminate residual cancer cells.

Palliative Radiation: Alleviates symptoms and improves quality of life in advanced cases.

4. Targeted Therapies:

Erlotinib: Targets specific receptors involved in cancer growth.

5. Immunotherapy



CARCINOMA PANCREAS

Question :

The most common surgical procedure for carcinoma of the pancreatic head is:

- A. Distal Pancreatectomy
- B. Total Pancreatectomy
- C. Whipple Procedure (Pancreaticoduodenectomy)
- D. Splenectomy

Ans: C) Whipple Procedure

