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Role of EndoTOF PET_US in pancreatic pathology

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Pancreas is a deep organ in the abdominal cavity and endoscopy has followed immense improvements thanks to technology advances. Pancreatic cancer frightens everyone in view of its growing incidence and hopeless prognosis still in 2014. It is not conceivable to imagine a program of pancreatic cancer screening in the general population due to the lack of early symptoms. By contrast, some pancreatic diseases, which are now well defined, are considered as premalignant lesions: they need thus a careful surveillance to indicate a surgical resection in the good timing. Indeed, pancreatic surgery is not a simple one and it is as risky to operate a patient too early as to delay too much a surgical indication, which would have avoided the presence and the consequences of a cancer. Although, CTscan, endosonography, MRI, PET technology have considerably improved in the last 2 decades, decision making is still very difficult in these patients: among them IPMN, late stage of chronic pancreatitis, chronic hereditary pancreatitis, mucinous neoplasms or some endocrine tumors already gain benefit from those improvements, especially from EUS-guided fine needle aspiration cytology. The combination of endoscopy and ultrasonography already exists in the form of EUS. A new probe combining EUS and PET technology should guide our examinations of the pancreas towards possible areas of interest in term of biochemical activity and thus may improve our efficacy in terms of surveillance of patients with pancreatic premalignant diseases.

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