

Pancreatic tumours

Learning objectives

Epidemiology and risk factors-1

Clinical presentations-2

Investigations and management-3

Pancreatic tumours:

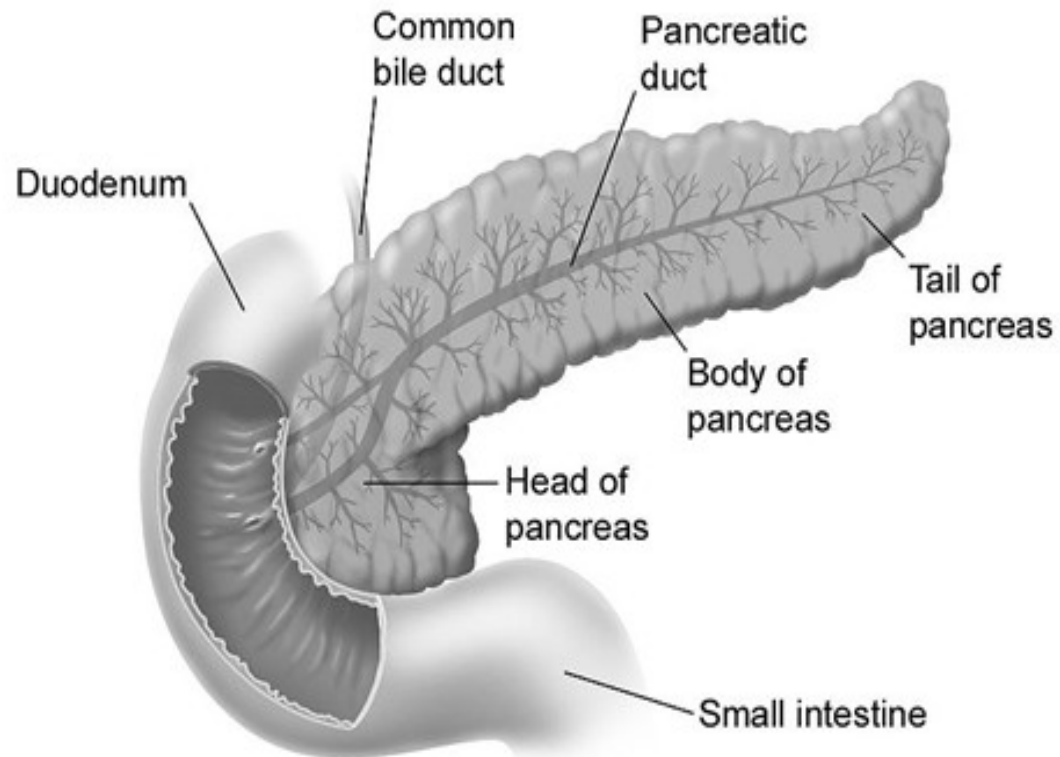
1- Pancreatic carcinoma affects 10-15/ 100000, increase to 100/100000 over 70 years old.

2- Men twice as often as women.

3- Smoking and chronic pancreatitis are risk factors.

4- Genetic predisposition 5-10% (hereditary pancreatitis, MEN, hereditary colon cancer).

5- 90% of it are adenocarcinoma arise from the pancreatic ducts.



C/F:

- 1- Pain: result from celiac plexus invasion, radiat to back.
- 2- Weight loss: due to anorexia, steatorrhoea, metabolic effects of the tumour.
- 3- Obstructive jaundice: 60% arise from the head of the pancreas.

4- A few patient present with diarrhea, vomiting, D.M, venous thrombosis, acute pancreatitis or depression.

5- Physical exam: weight loss, abdominal mass, courvoisier's sign. ((palpable gall bladder and jaundice)).

Investigations:

1 - Ultrasound+ CT scan with or without (Laproscopy or FNA).

2- MRCP + ERCP

Management:

1- Surgical resection.

2- Adjuvant chemotherapy 5.Fu.

3- Analgesic: drugs, alcohol injection.

4-Obstruction relief by choledochojejunostomy or stenting.