Introduction

Asymptomatic incidental pancreatic cysts are frequently detected. However, the decision of the treatment plan is not easy because the radiologic differential diagnosis is somewhat difficult due to small cyst size. Until now, it has been also controversial whether the incidental pancreatic cysts should be resected actively or not. If radiologic finding is typical, the decision of resecting the incidental pancreatic cysts is not so difficult. However, the accuracy of endoscopic ultrasonography is around 50-60%, so it is confusing how to manage the indeterminate cyst. Even if cyst aspiration and analysis of fluid including CEA and cytology can increase the diagnostic accuracy, the procedure is invasive and expensive. In addition, the cut off value of CEA is also not established. Fortunately, the natural course of asymptomatic incidental pancreatic cysts is known to be relatively good and safe, follow up and observation without surgical resection can be done safely if there is no radiologic sign of pre-malignancy or malignancy.

Aims and methods

Endoscopic ultrasonography-guided ethanol ablation therapy for pancreatic cystic lesions is a minimally invasive treatment but still is an experimental therapy. The aims were to investigate the safety and efficacy of endoscopic ultrasonography-guided ethanol ablation therapy. The inclusion criteria were the following: clinically indeterminate pancreatic cystic lesions in radiologic imaging studies, 2 to 5 cm unilocular or oligolocular cysts without communication to main pancreatic duct, and patients with high-risk operation.

Results

There were 91 study patients with median follow-up of 40 months. The response rate was as follows: complete resolution, 41 (45%); partial resolution, 37; and persistent cysts, 13. Pancreatic cystic lesions were categorized based on cystic fluid analysis: 9 intraductal papillary mucinous neoplasms (IPMNs), 12 mucinous cystic neoplasms, 33 serous cystic neoplasms, and 28 uncategorized cysts. The success rate was significantly different according to cystic fluid analysis (serous cystic neoplasm, 58%; mucinous cystic neoplasm, 50%; IPMN, 11%);
uncategorized cysts, 39%; \( P < 0.0001 \). There were 3 patients with mild pancreatitis after the treatment.

**Conclusions**

Endoscopic ultrasonography-guided ethanol ablation therapy seems to be a safe treatment modality. Although the indication of endoscopic ablation therapy is not established, it can be considered if incidental cysts are indeterminate, 2-5cm and unilocular or oligolocular cysts.

**References**