Primary sclerosing cholangitis (PSC) is a chronic cholestatic liver disease of unknown etiology, characterized by diffuse fibrosing inflammation and obliteration of the intra- and extrahepatic bile ducts. The International PSC study group (IPSCSG) was founded in 2010 in Oslo, with the aim to contribute to the advancement of scientific knowledge and clinical management and to coordinate research projects on this rare disease between leading institutions worldwide. Radiologic imaging, in terms of MRI / MRCP, has evolved into a cornerstone of diagnosis and follow-up. In order to enhance not only interdisciplinary cooperation between radiologists and gastroenterologists, but also scientific collaborations worldwide, the MRI workgroup within the IPSCSG was established in 2015. In these two talks, the gastroenterologists’ and radiologists’ perspective will be presented, regarding the application and challenges of MR imaging in PSC and expectations on the MRI workgroup, experiences so far, ongoing and future projects.

Lernziele:
1. to familiarize with the role of MR imaging in the care of PSC patients
2. to call attention to clinical and scientific collaboration possibilities
3. to learn about the gastroenterologists’ and radiologists’ expectations on interdisciplinary collaboration
Kurzzusammenfassung: Cholangiocarcinoma (CCA) is frequently diagnosed at a late, inoperable stage. It often arises de novo, but two premalignant lesions exist: biliary intra-epithelial neoplasia, which is not visible on imaging; and intraductal papillary neoplasm of the bile duct (IPNB), which does produce morphological changes. IPNB, a new term introduced by WHO, encompasses previous entities such as biliary papillomatosis, intraductal neoplasia of the liver and mucin producing intraductal CCA. In IPNB, there is intraductal papillary growth of neoplastic biliary epithelium. IPNB is the biliary counterpart of pancreatic IPMN, but only one third of IPNB secrete mucin, and this minority can be labelled IPMN-B.

IPNB is pre-malignant, often with a long time course for development of CCA. The tumour spreads along ducts in preference to penetrating the duct wall, offering a window in which there may be imaging manifestations of IPNB before CCA develops or, once CCA has developed, before it becomes inoperable.

Morphological forms of IPNB include cystic, polypoid, superficial spreading and cast-like. IPNB should be considered in the context of cystic hepatic lesions which communicate with the bile ducts; focal biliary dilatation; and ductal nodularity. Clinically, patients can present with biliary colic, ascending cholangitis, often fluctuating, or may be asymptomatic. Resection may still be considered for asymptomatic patients.

Lernziele:
1- Understand the terms IPNB and IPMN-B
2- Consider IPNB adenoma-carcinoma sequence as for colonic adenoma
3- Recognize morphological types of IPNB, and imaging differentials
4- IPNB requires slight changes in our traditional approach to biliary imaging:
   a) can cause both proximal and distal biliary dilatation-examine for tumour nodule anywhere within dilated ducts, not just at apex
   b) longstanding biliary dilatation is not always benign. IPNB can cause slowly progressive, even fluctuating, dilatation over years before CCA develops
   c) extent of imaging abnormality is not always extent of CCA. Some changes may be due to pre-malignant foci - can affect the surgical approach.

RÖKO INT 101.5
Radiologic spectrum of cholangiocarcinoma

15:55 Uhr
Referent(en): Xue H