

INTRADUCTAL PAPILLARY MUCINOUS TUMOR OF THE BILE DUCTS. K. Van den Bergh, D. Vanbeckevoort, D. Bielen, M. Thijs, K. Op de Beeck, R. Vanslebrouck, F. Claus, T. Roland. University Hospital Gasthuisberg, Leuven, Belgium.

Clinical data : A 58-year-old woman presented with jaundice, fever and abdominal pain since one day. In the past a cholecystectomy and a lung transplantation (february 2009) were performed. Laboratory work-up revealed abnormal liverfunction tests : the elevation of the serum enzymes reflected cholestasis.

Radiology : Ultrasound showed diffuse dilatation of the biliary tree. A disproportional aneurysmal dilatation of bile ducts was present containing a fungating mass in the right liver lobe and sludge and microlithiasis in the choledochal duct. During ERCP a widely open ampulla of Vater and a bile duct filled with thick mucin was observed. The cholangiogram showed extremely dilated intrahepatic and extrahepatic bile ducts with amorphous filling defects in the choledochal duct. CT-scan and MRI confirmed dilatation of the biliary tree and aneurysmal dilatation of intrahepatic ducts in the right liver lobe and showed vascularised papillary masses in the intrahepatic ducts of the right liver lobe. Diagnosis of a biliary IPMT was proposed.

Pathology : The patient underwent a right hemihepatectomy. Under macroscopic examination, the cut section revealed a dilated bile duct containing a multicystic mucinous mass. Histologic examination showed a well differentiated mucinous adenocarcinoma.

Conclusion : Intraductal papillary mucinous tumors of the bile ducts secrete a large amount of mucin, which results in intermittent obstruction of the segmental or lobar bile ducts or the entire biliary tree, depending on the location of the tumor and the amount of mucin. When generalized biliary dilatation is evident on images that also show disproportionately more severe dilatation in one part of the biliary tree and excessive mucin in the bile ducts, a diagnosis of intraductal papillary mucinous tumor of the bile ducts should be considered.

CORRELATION BETWEEN MAGNETIC RESONANCE IMAGING AND PATHOLOGICAL FINDINGS AFTER NEOADJUVANT CHEMORADIATION IN RECTAL CANCER. M. Mertens, C. Sempoux, M. Habay, F. Zech, A. Kartheuser, P. Scaillet, Y. Humblet, M. Van den Eynde, E. Danse, A. Jouret-Mourin. UCL Saint-Luc, Brussels, Belgium.

Introduction : In rectal cancer, recent publications suggest that performing a local excision only or even a strict observation without surgery should be efficient in well-responders after neoadjuvant chemoradiation. However the way to evaluate tumoral stage and response is not defined.

Aim : To assess the MRI accuracy in predicting pathological features such as T and N stage, CRM and tumoral regression after neoadjuvant chemoradiation for rectal cancer.

Methods : We performed a retrospective analysis of 24 patients with an MRI examination done before and after a standardized long-course of neoadjuvant radiochemotherapy. The T and N stages of MRI's were compared to the pathological findings in the surgical specimens and the CRM evaluation by imaging, to the CRM measurement on the slides. The tumor regression grade assessed by MRI (0 = no regression, 1 = intermediate regression, 2 = complete regression) was compared to the pathological grading based on the Dworak classification, grouping the Dworak grades as follow : 0 = grade 0 or 1 (no response) ; 1 = grade 2 or 3 (mild to moderate response) ; 2 = grade 4 (complete response).

Results : The T stage predicted by MRI after chemoradiation was significantly correlated with the pathological T stage ($r = 0.404$; $p = 0.054$) while the correlation was poor for the N stage ($r = 0.317$; $p = 0.20$). The CRM estimation by MRI was significantly correlated with the pathological measurement ($r = 0.480$; $p = 0.011$) whereas for the regression grade, MRI did not reflect the pathological findings ($r = 0.432$; $p = 0.16$) in this small retrospective series.

Conclusion : MRI staging after chemoradiation is reliable for T stage and CRM prediction being therefore very useful for the surgeon. By contrast, N stage and tumoral regression estimations are poorly correlated with the pathological results which suggests to be cautious when considering patients as well-responders by MRI only. These results have to be confirmed by a larger and prospective study.