

Malattie del pancreas e delle vie biliari

Dall'ambulatorio ai percorsi terapeutici

Graziella Masciangelo
Andrea Lisotti

20 Gennaio 2024



Agenda

INTEGRAZIONE



Agenda

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In **fisiologia** indica il processo per cui un riflesso (nervoso) elementare è **trasformato ed elaborato** dal sistema nervoso centrale, in **schemi più complessi**.



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In **psicologia** per integrazione s'intende l'**omogeneo e armonico funzionamento delle attività** psichiche.



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Integrazione indica il **processo di armonizzazione** reciproca delle **diverse componenti della personalità** in un tutto unico ai fini dell'**adattamento all'ambiente**.



Agenda





Agenda

Conoscenza





Agenda

Conoscenza



Cooperazione



Agenda

Conoscenza

Dialogo



Cooperazione



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Conoscenza

Dialogo

INTEGRAZIONE OSPEDALE / TERRITORIO



Cooperazione

Percorsi
condivisi



Agenda

Conoscenza

Dialogo

Definizione
obiettivi



Cooperazione

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INTEGRAZIONE OSPEDALE / TERRITORIO



Cooperazione

Percorsi
condivisi

Venirsi
incontro



Agenda

Litiasi biliare

Cisti del pancreas

Adenocarcinoma del pancreas



Agenda

Litiasi biliare

Cisti del pancreas

Adenocarcinoma del pancreas



Litiasi biliare

Colangite acuta





Litiasi biliare

Colangite acuta



Original article

Thieme

Urgent ERCP performed with single-use duodenoscope (SUD) in patients with moderate-to-severe cholangitis: Single-center prospective study

OPEN ACCESS



Authors

Graziella Masciangelo¹, Paolo Cecinato², Igor Bacchilega¹, Michele Masetti¹, Rodolfo Ferrari¹, Rocco Maurizio Zagari², Bertrand Napoleon¹, Romano Sassatelli², Pietro Fusaroli¹, Andrea Lisotti¹

Masciangelo G et al. Endoscopy 2023



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18 mesi (2022-23)

35 pazienti consecutivi

ERCP con duodenoscopio monouso

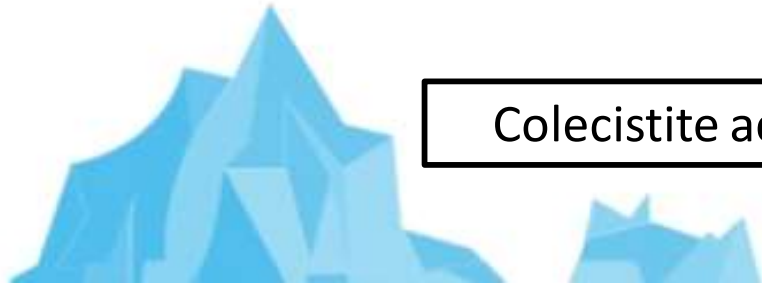
Abolizione rischio di **infezioni ospedaliere** legate a batteri multiresistenti

Masciangelo G et al. Endoscopy 2023



Litiasi biliare

Colangite acuta

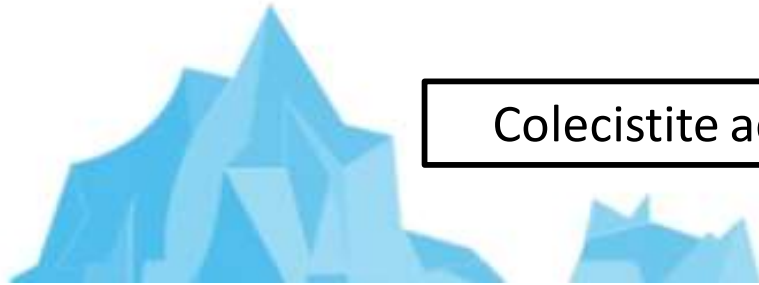


Colecistite acuta



Litiasi biliare

Colangite acuta



Colecistite acuta

EUS-guided gallbladder drainage in high-risk surgical patients with acute cholecystitis—procedure outcomes and evaluation of mortality predictors

Andrea Lisotti¹ · Romano Linguerri² · Igor Bacchilega³ · Anna Cominardi¹ · Gianmarco Marocchi¹ · Pietro Fusaroli¹

Lisotti A et al. Surg Endosc. 2022



Litiasi biliare

Colangite acuta

Colecistite acuta

EUS-guided gallbladder drainage in high-risk surgical patients with acute cholecystitis—procedure outcomes and evaluation of mortality predictors

Andrea Lisotti¹ · Romano Linguerri² · Igor Bacchilega³ · Anna Cominardi¹ · Gianmarco Marocchi¹ · Pietro Fusaroli¹

Dal 2017, 76 pazienti

Non candidabili a chirurgia

Drenaggio della colecisti con
ecoendoscopia

Riduzione della mortalità

Riduzione del **75% accessi in**

Rianimazione Lisotti A et al. Surg Endosc. 2022



Litiasi biliare

Endoscopic ultrasound-guided gallbladder drainage as a strategy to overcome shortage of operating rooms and intensive care unit beds during Covid-19 crisis

Andrea Lisotti ^{1 2}, Igor Bacchilega ³, Romano Linguerri ⁴, Pietro Fusaroli ^{1 2}

Treatment of acute cholecystitis in high-risk surgical patients

Andrea Lisotti ¹, Bertrand Napoleon ², Carlo Fabbri ³, Andrea Anderloni ⁴, Romano Linguerri ⁵, Igor Bacchilega ⁶, Pietro Fusaroli ⁷

EUS-guided gallbladder drainage during a pandemic crisis – How the COVID-19 outbreak could impact interventional endoscopy

Andrea Lisotti ¹, Pietro Fusaroli ²

Elective cholecystectomy after reversal of septic shock using multimodality endoscopic gallbladder drainage

Pietro Fusaroli ¹, Marta Serrani ¹, Sandro Sferrazza ¹, Romano Linguerri ², Elio Jovine ², Andrea Lisotti ¹

Failed endoscopic ultrasound-guided gallbladder drainage due to severe bleeding immediately rescued by redo-drainage under contrast-harmonic guidance

Andrea Lisotti ^{1 2}, Anna Cominardi ^{1 2}, Igor Bacchilega ³, Pietro Fusaroli ^{1 2}

EUS-guided gallbladder drainage in high-risk surgical patients with acute cholecystitis-procedure outcomes and evaluation of mortality predictors

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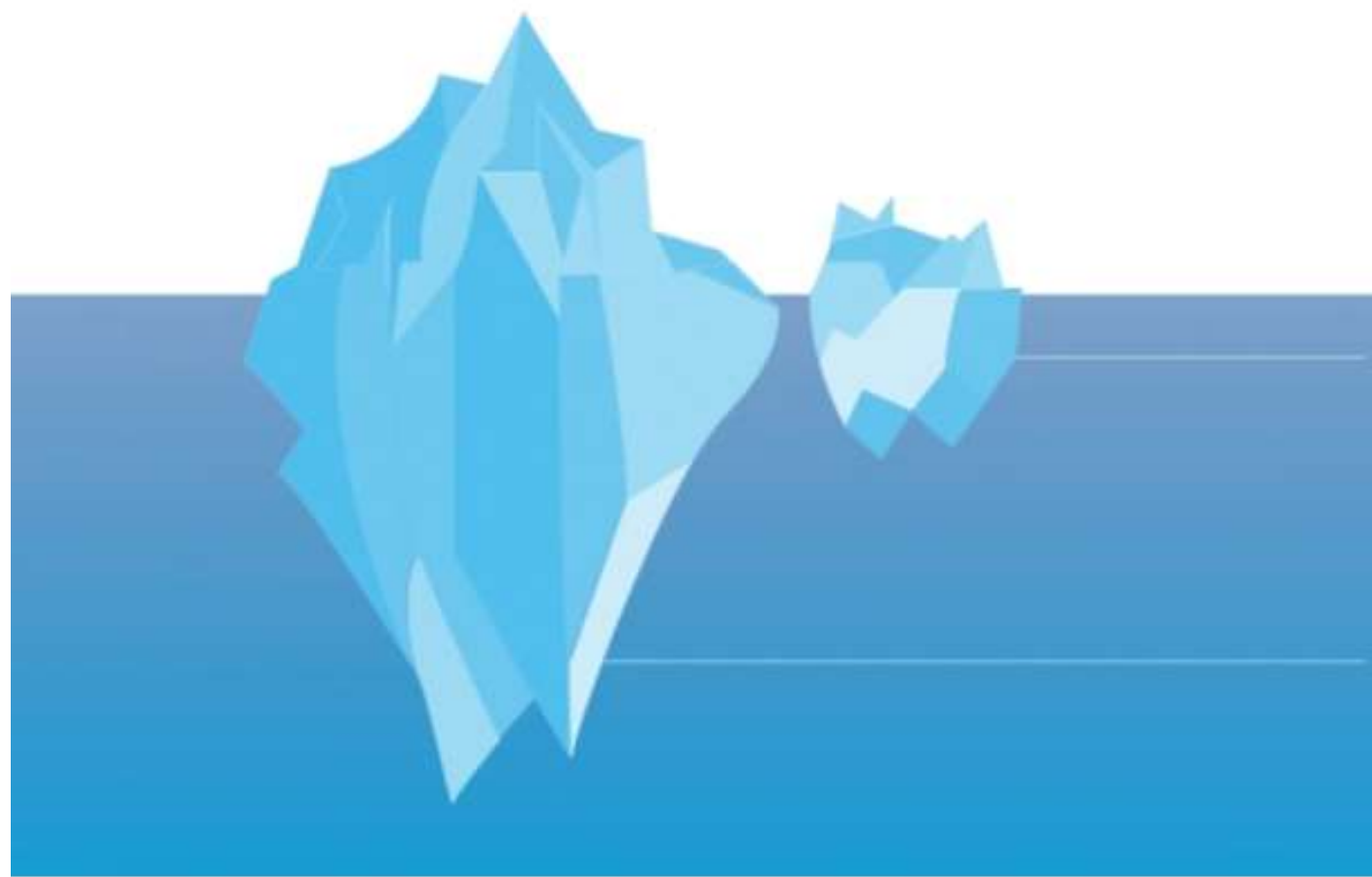


Litiasi biliare



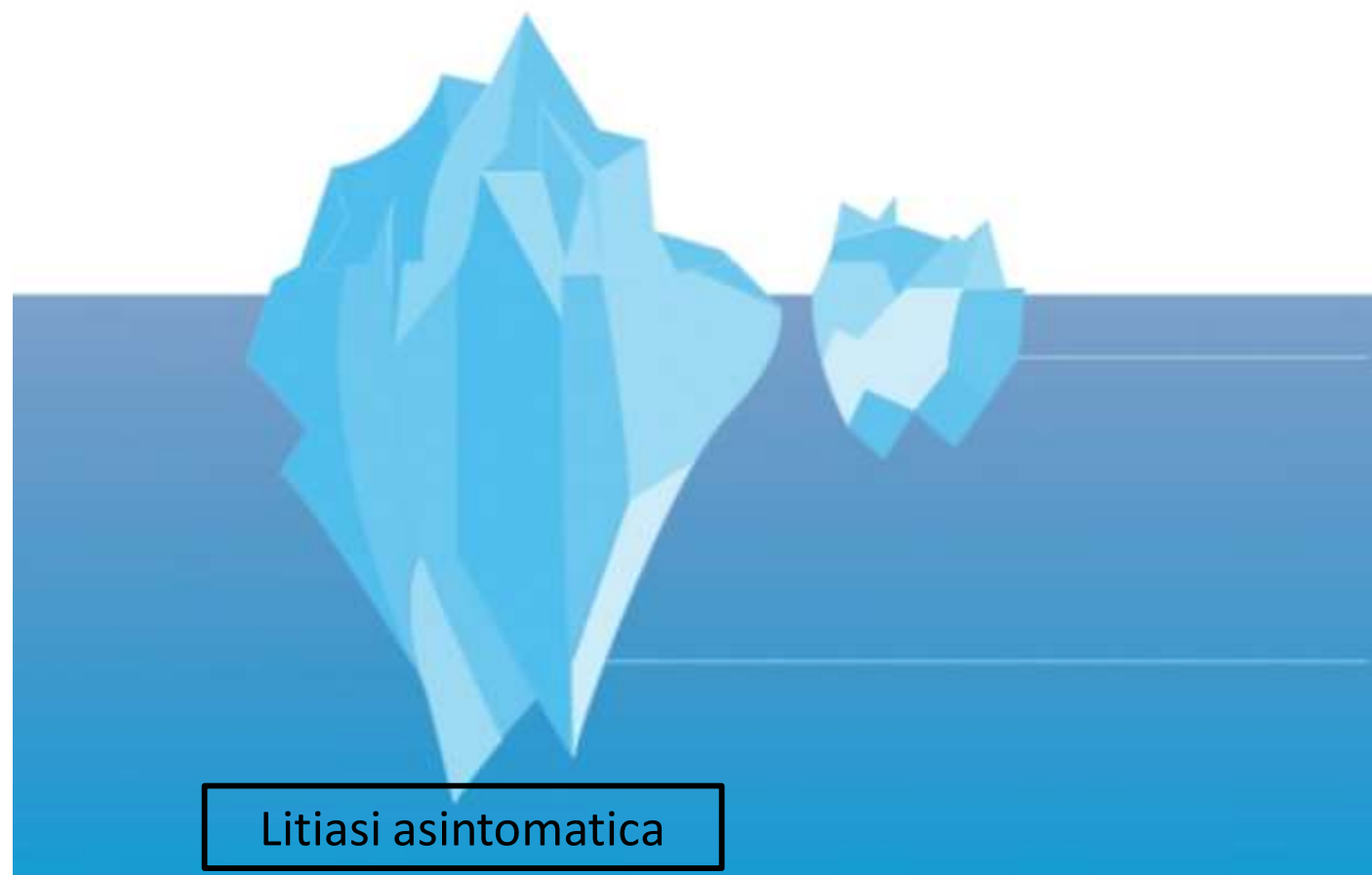


Litiasi biliare





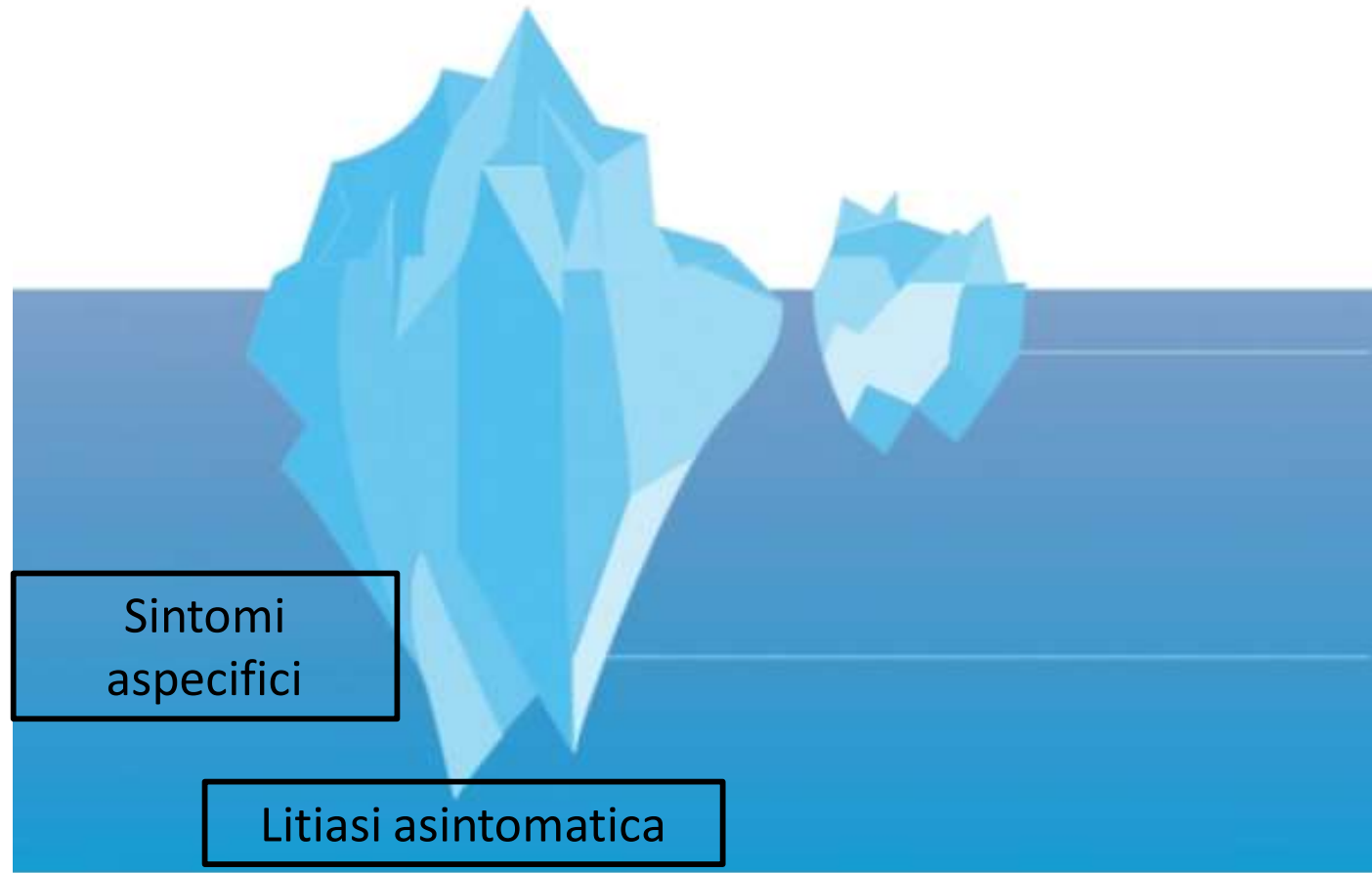
Litiasi biliare



Litiasi asintomatica



Litiasi biliare



Quali?

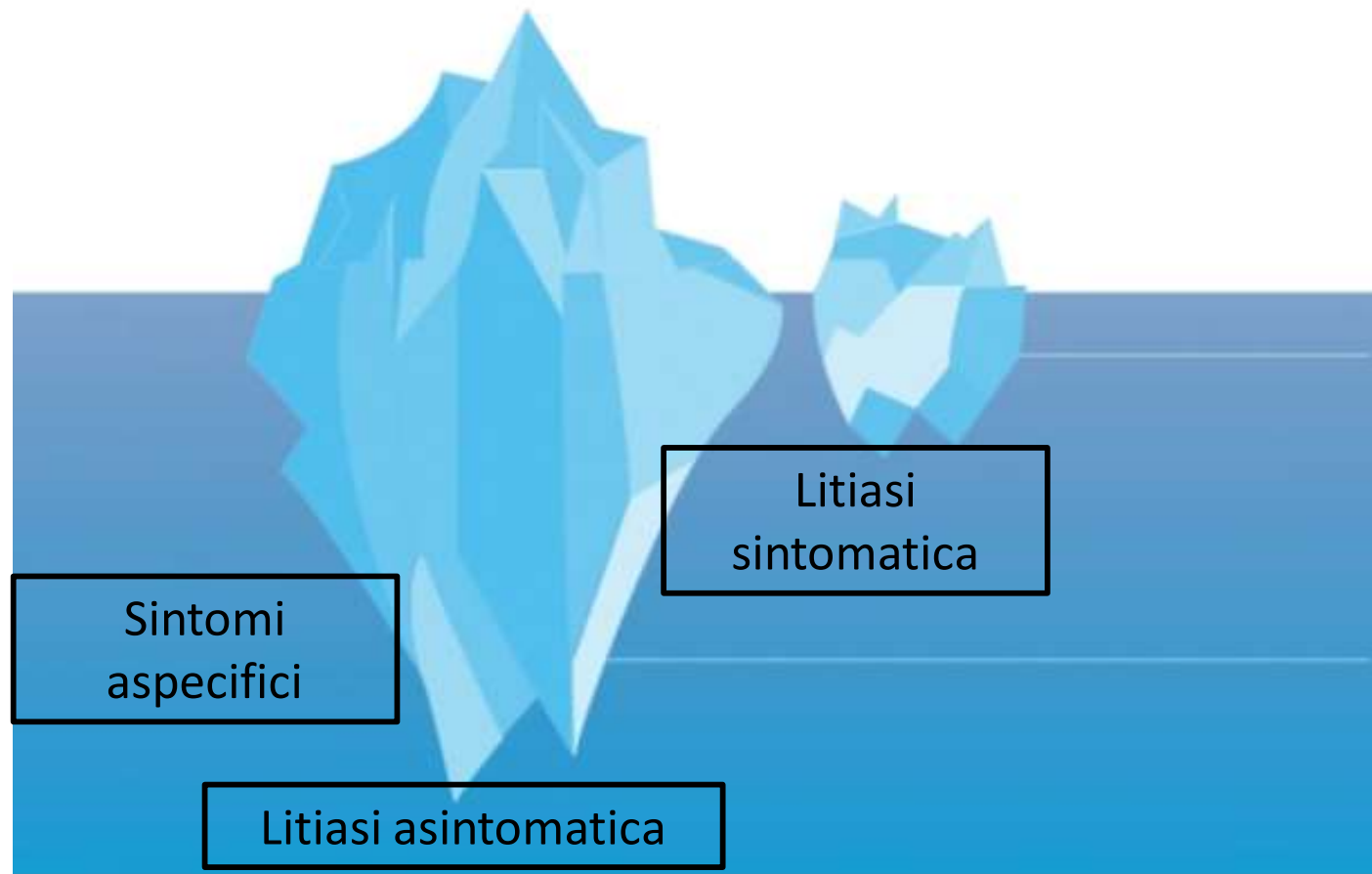
- Dispepsia e pirosi
- Sintomi da RGE
- Ritardato svuotamento gastrico
- Gonfiore
- Disgeusia

Cosa fare?

- Esami ematochimici
- Ecografia addome superiore

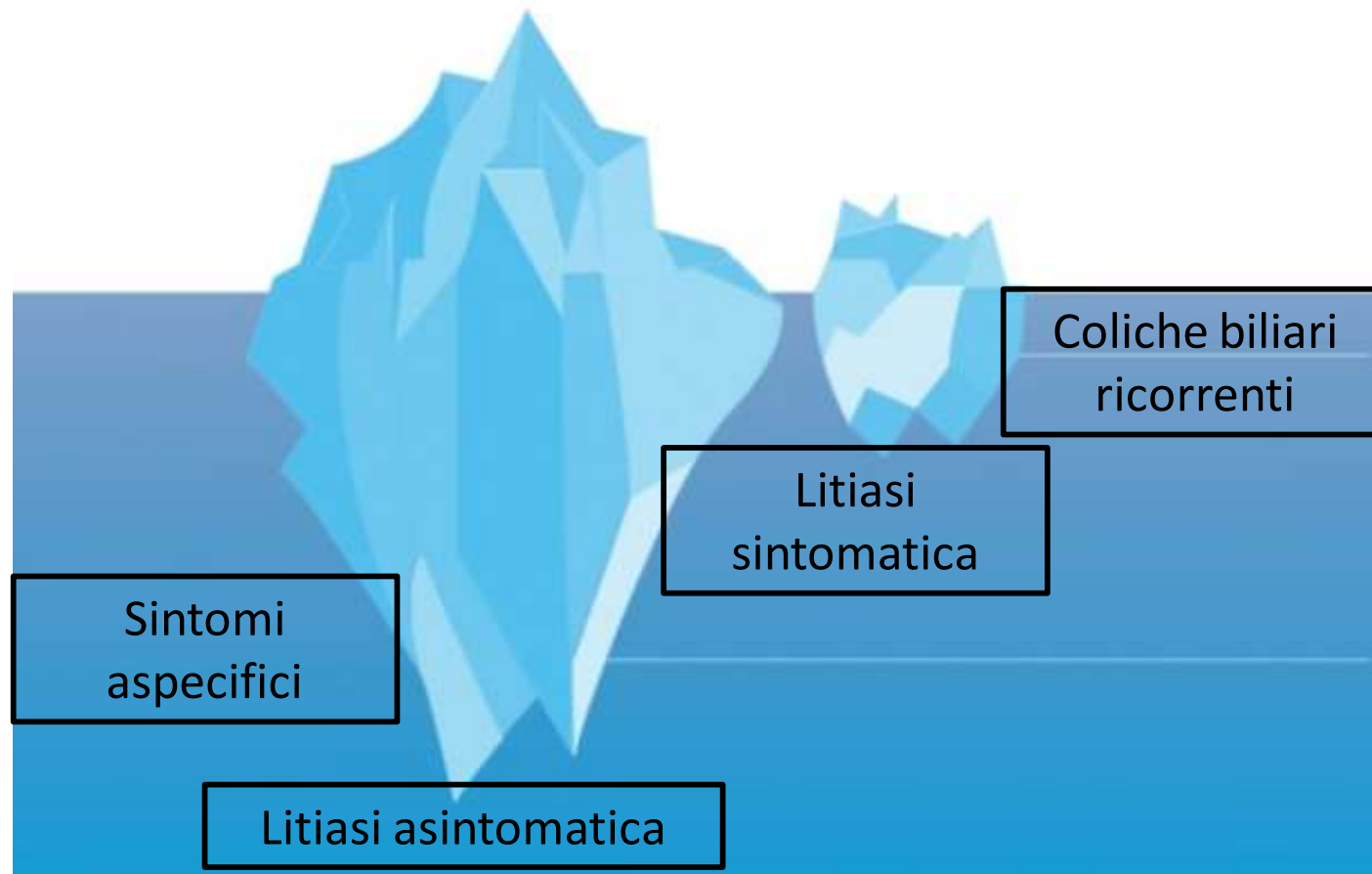


Litiasi biliare



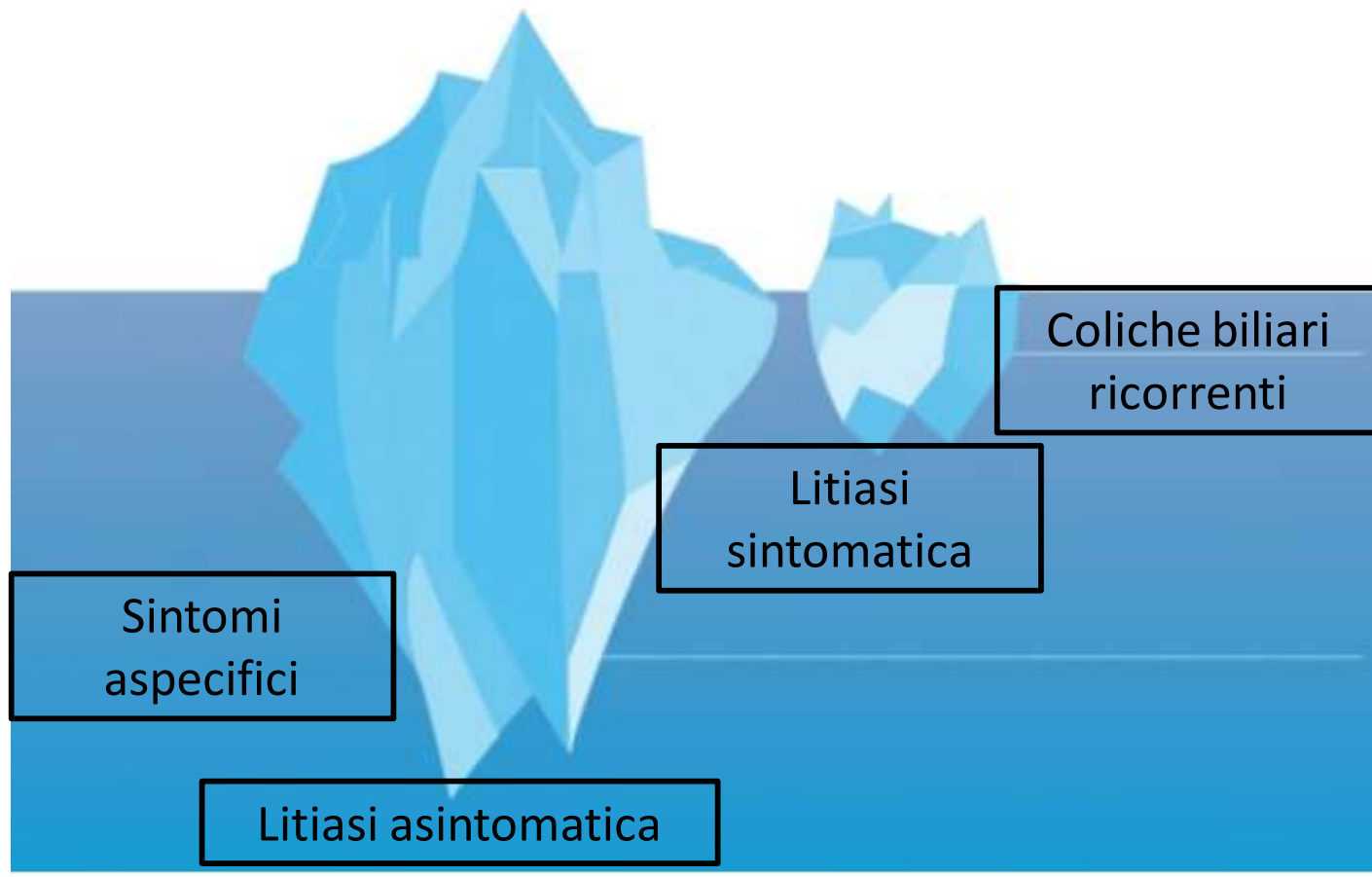


Litiasi biliare





Litiasi biliare

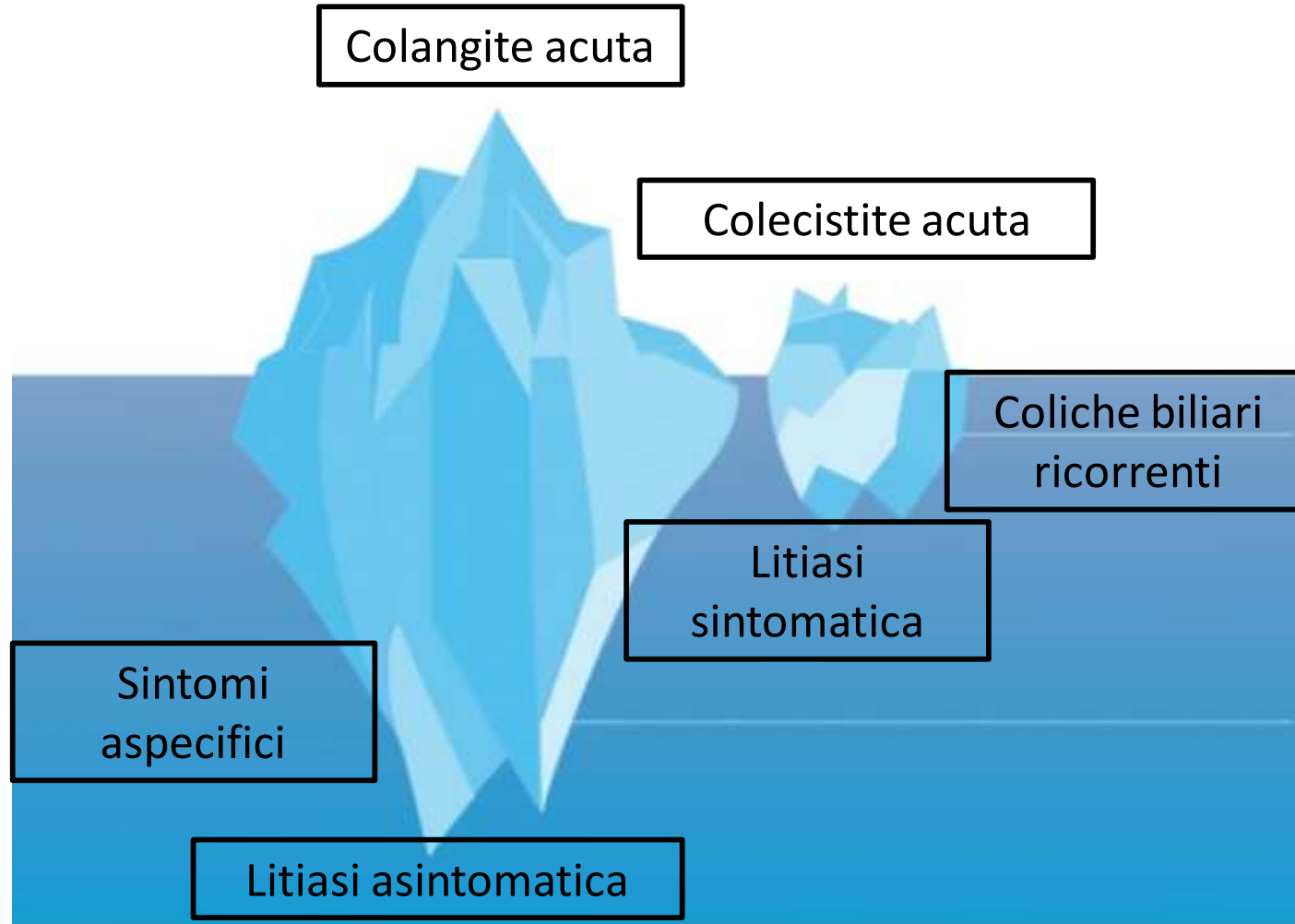


Cosa fare? Presa in carico ospedaliera

- Visita chirurgica
- Visita gastroenterologica



Litiasi biliare



Chi resta?

- Dilatazione vie biliari in esiti di colecistectomia?
- Sospetta litiasi del coledoco?
- Colangiti ricorrenti?
- Stenosi post-colecistectomia?
- Disfunzione dello sfintere di Oddi?
- Sindrome post-colecistectomia?
- Febbri di origine indeterminata?
- Prurito incoercibile?



Agenda

Litiasi biliare

Cisti del pancreas

Adenocarcinoma del pancreas



Pazienti con cisti pancreatiche

- Popolazione complessa e potenzialmente fragile
 - Incidentaloma
 - Età
 - Comorbidità
 - Terapie concomitanti

- Strategie disponibili (costose ed invasive)
 - Follow-up
 - Chirurgia
 - Oncologica
 - Trattamenti ecoendoscopici
 - Fine del follow-up?



Ambulatorio Patologie Pancreatiche 2023

Cisti pancreas

287 pazienti (57.2% sesso femminile)

Età mediana 63 anni [27 – 86]

326 visite

286 ecografie addome

24 CEUS

52 ecoendoscopie

8 agoaspirato del liquid cistico

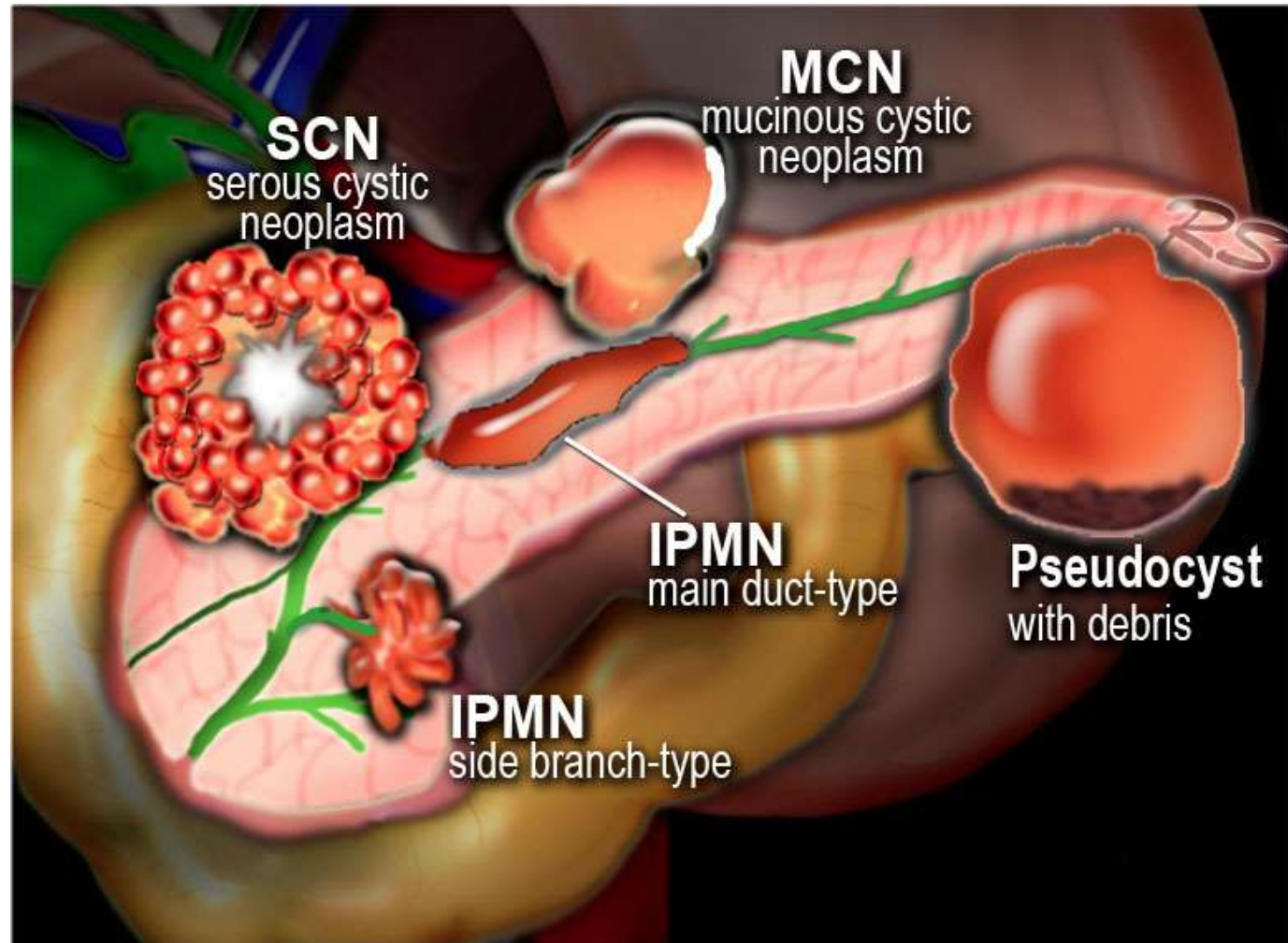
2 agobiopsia noduli solidi

3 ERCP con stent per ittero ostruttivo malign

2 pancreasectomia (+ 2 rifiutate) per cisti pancreas



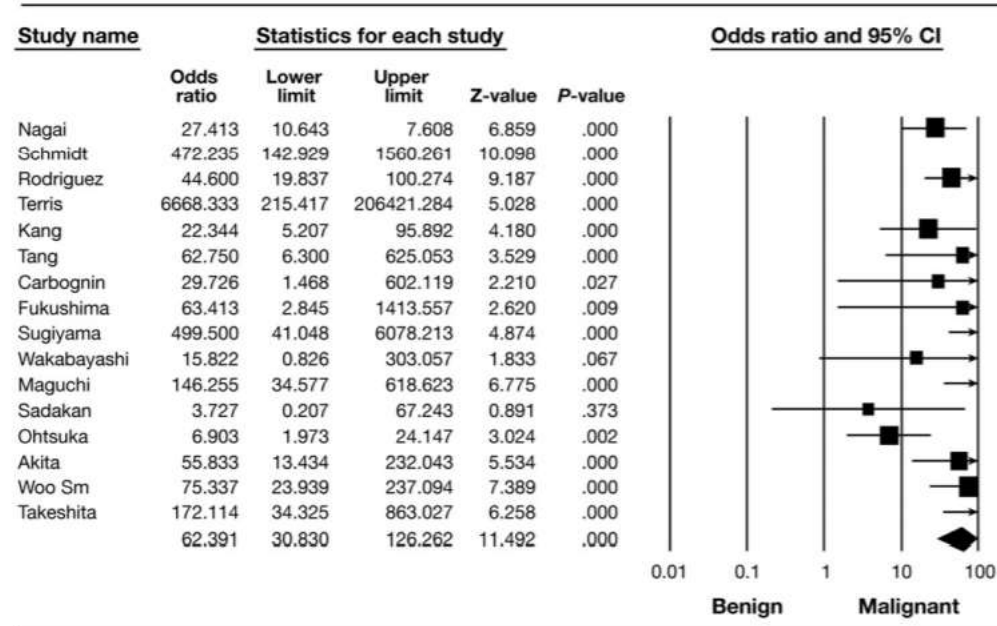
Pazienti con cisti pancreatiche





PCN risk assessment

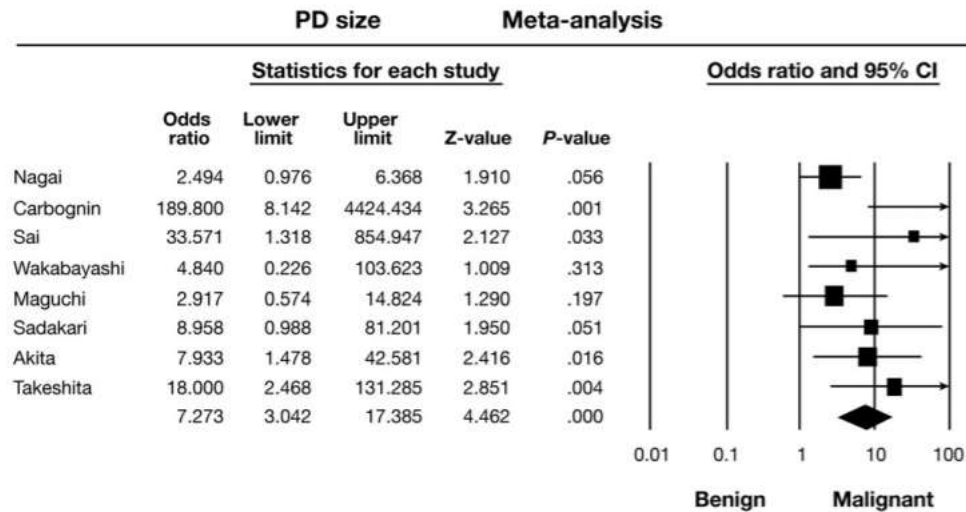
Size > 3cm meta-analysis



PCN size >3 cm
OR 62.4 [95% CI 30.8 – 126.3]



PCN risk assessment

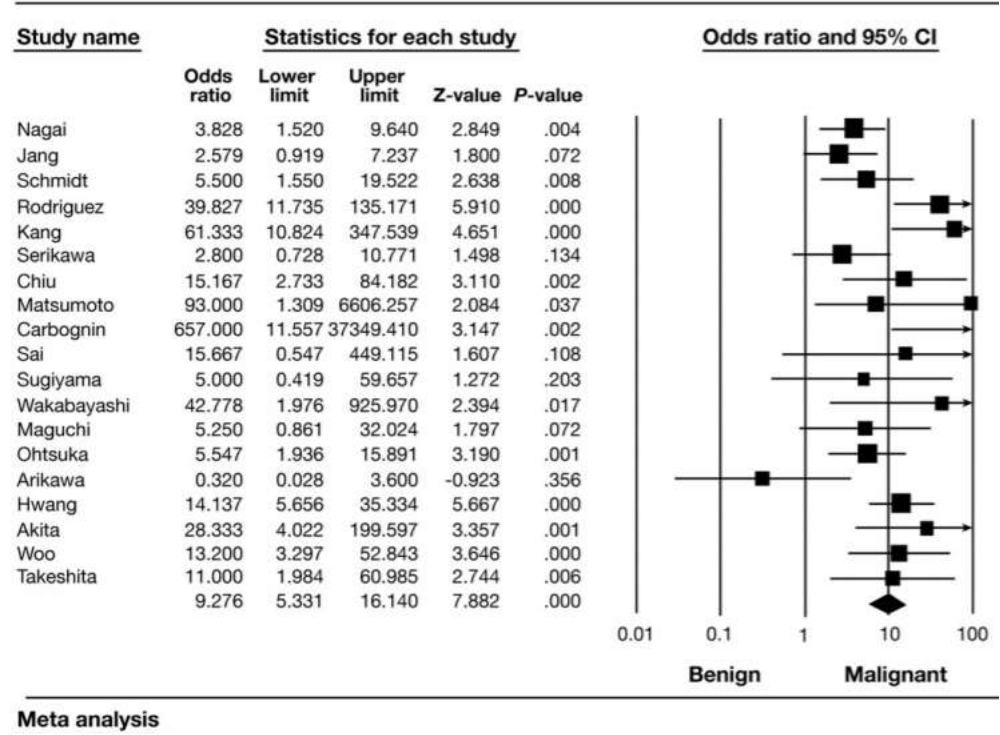


Dilated PD
OR 7.3 [95% CI 3.0 – 17.4]



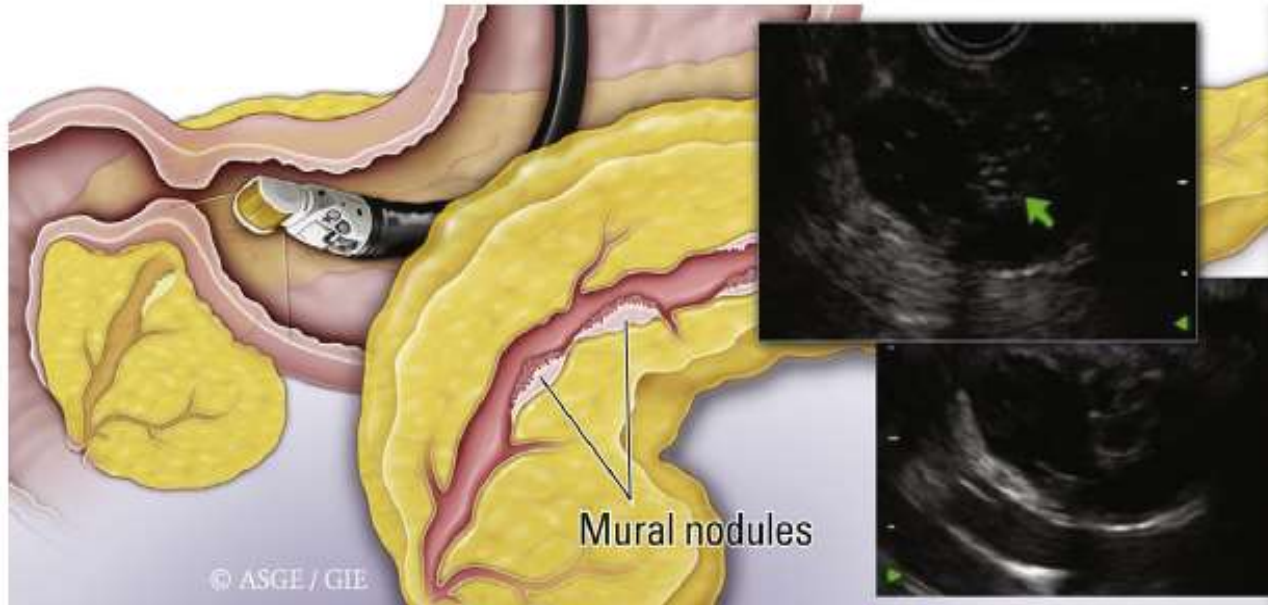
PCN risk assessment

Mural nodule meta-analysis



Mural nodule
OR 9.3 [95% CI 5.5 – 16.1]

Pazienti con cisti pancreatiche

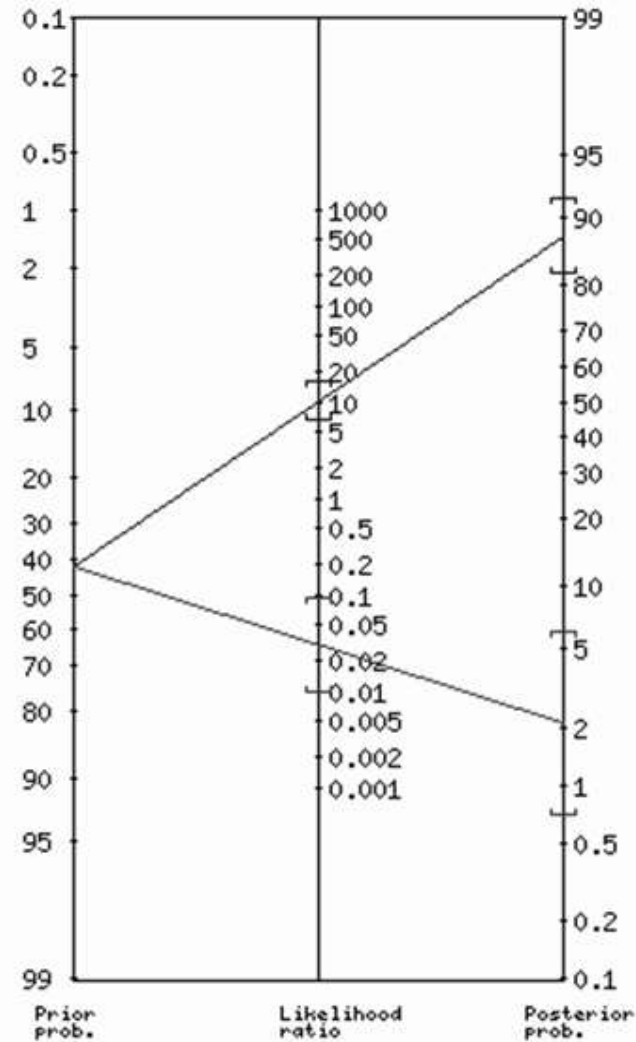


Pooled diagnostic performance of CH-EUS for the characterization of mural nodules in pancreatic cystic neoplasms

| Diagnostic performance | CH-EUS (8 studies, 320 PCNs) |
|------------------------------------|---------------------------------|
| Sensitivity (95% CI) | 97.0% (92.5% - 99.2%) |
| Specificity (95% CI) | 90.4% (85.2% - 94.2%) |
| Positive likelihood ratio (95% CI) | 8.89 (4.50 - 17.55) |
| Negative likelihood ratio (95% CI) | 0.06 (0.03 - 0.13) |
| Estimated prevalence (95% CI) | 41.7% (36.3% - 47.0%) |
| Positive predictive value (95% CI) | 87.8% (81.5% - 92.1%) |
| Negative predictive value (95% CI) | 97.7% (94.2% - 99.1%) |
| Diagnostic accuracy (95% CI) | 95.6% (92.6% - 98.7%) |
| Number needed to diagnose (95% CI) | 1.2 (1.3 - 1.1) |



Contrast-enhanced EUS for the characterization of mural nodules within pancreatic cystic neoplasms: systematic review and meta-analysis

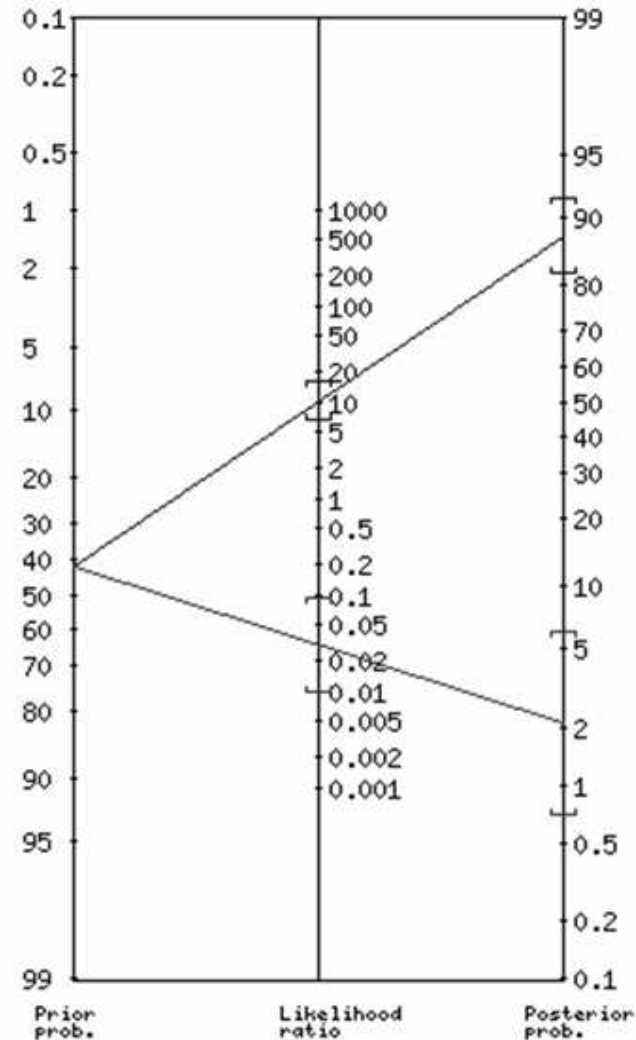
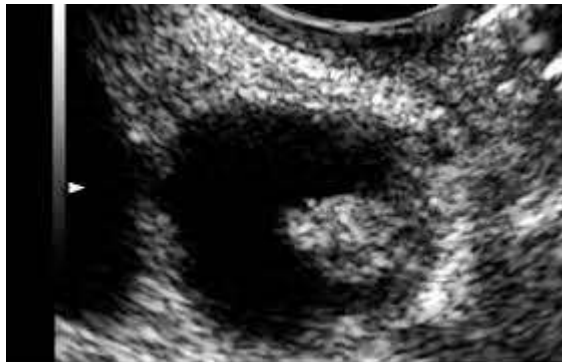


Lisotti A. et al. Gastrointest Endosc. 2021



Contrast-enhanced EUS for the characterization of mural nodules within pancreatic cystic neoplasms: systematic review and meta-analysis

PCN with mural nodule

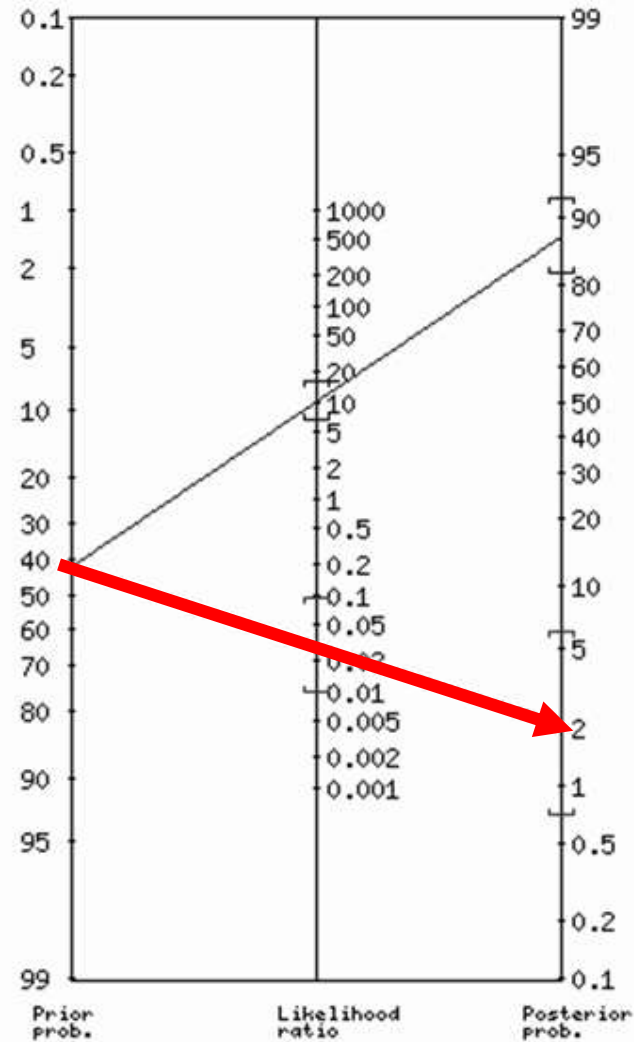
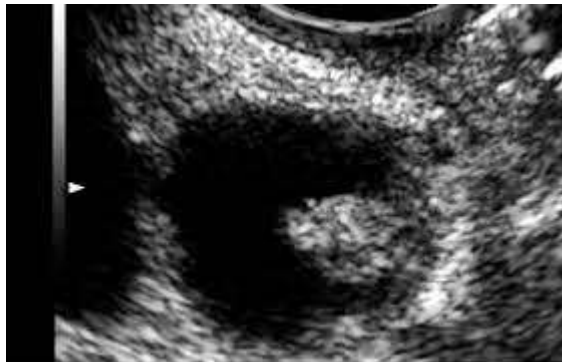


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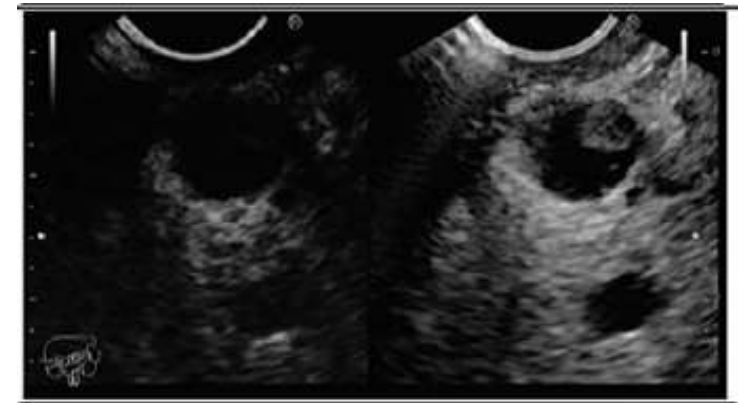


Contrast-enhanced EUS for the characterization of mural nodules within pancreatic cystic neoplasms: systematic review and meta-analysis

PCN with mural nodule



No CH-EUS enhancement



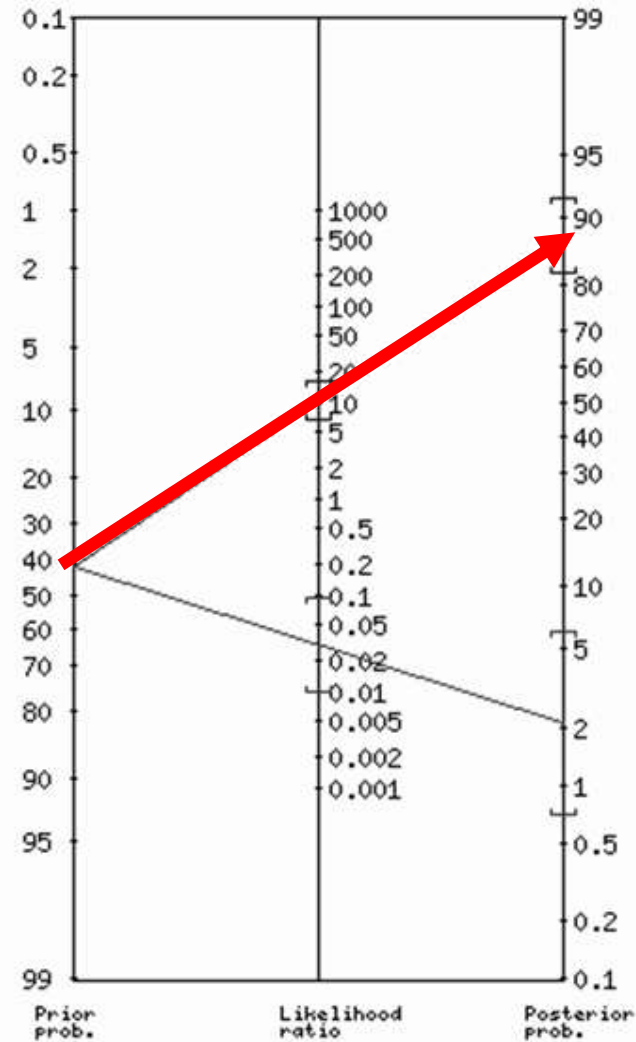
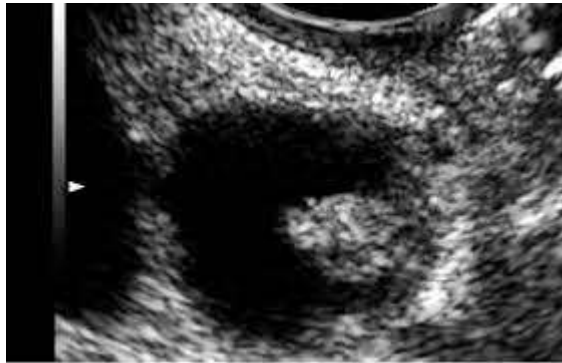
< 2% risk malignancy

Lisotti A. et al. Gastrointest Endosc. 2021

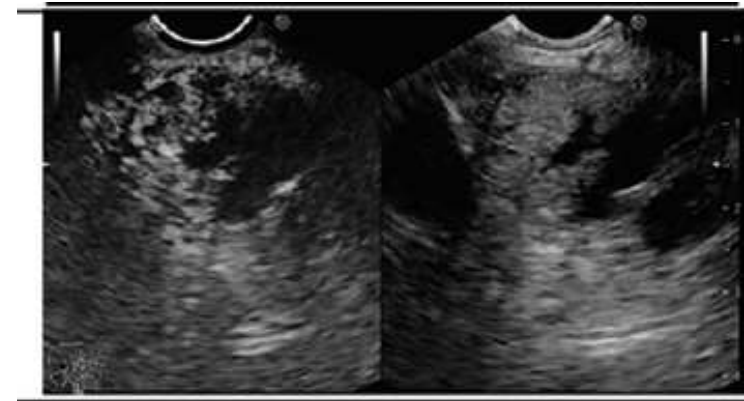


Contrast-enhanced EUS for the characterization of mural nodules within pancreatic cystic neoplasms: systematic review and meta-analysis

PCN with mural nodule



CH-EUS enhancement

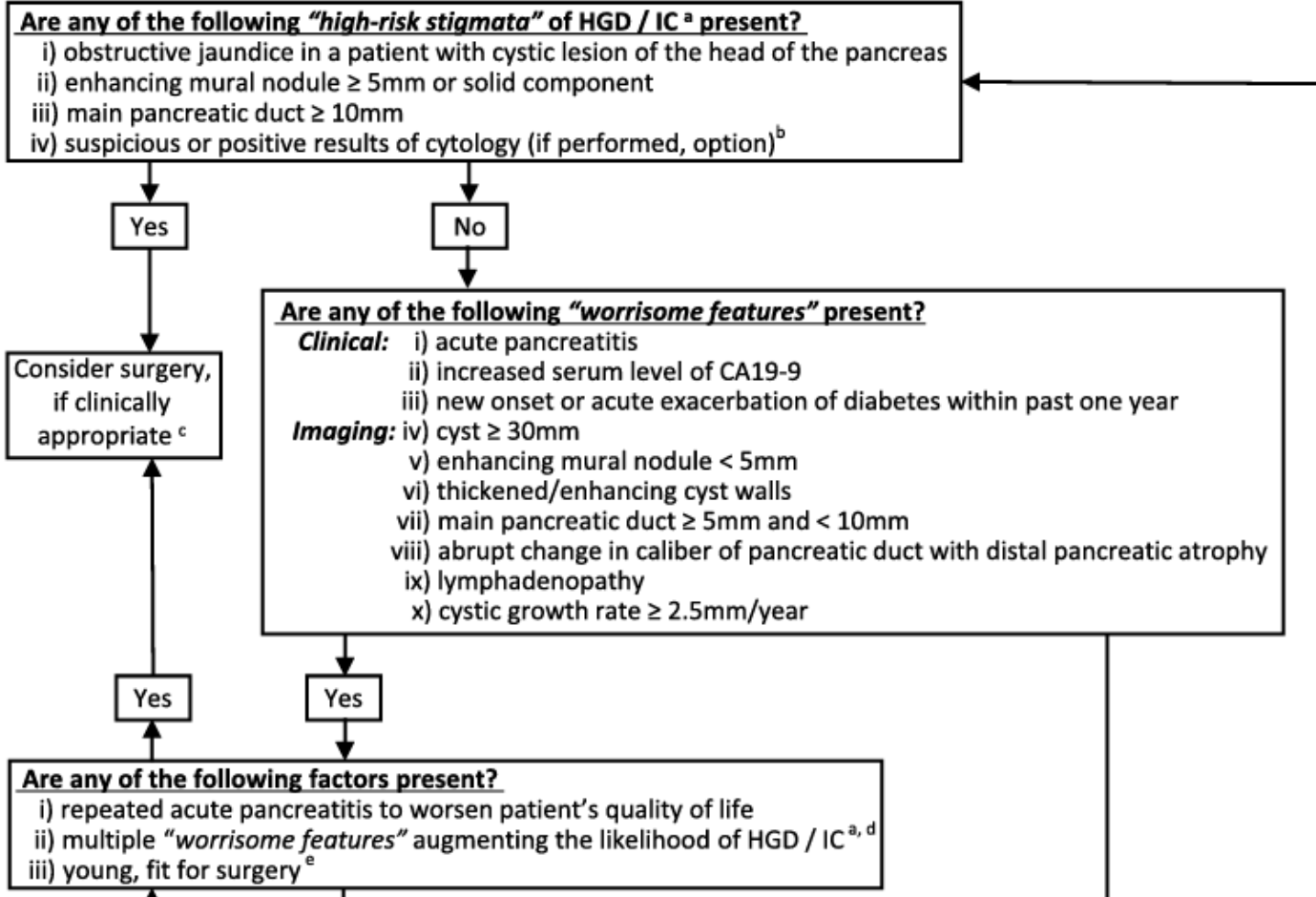


Up to 90% neoplastic features



Linee guide IPMN

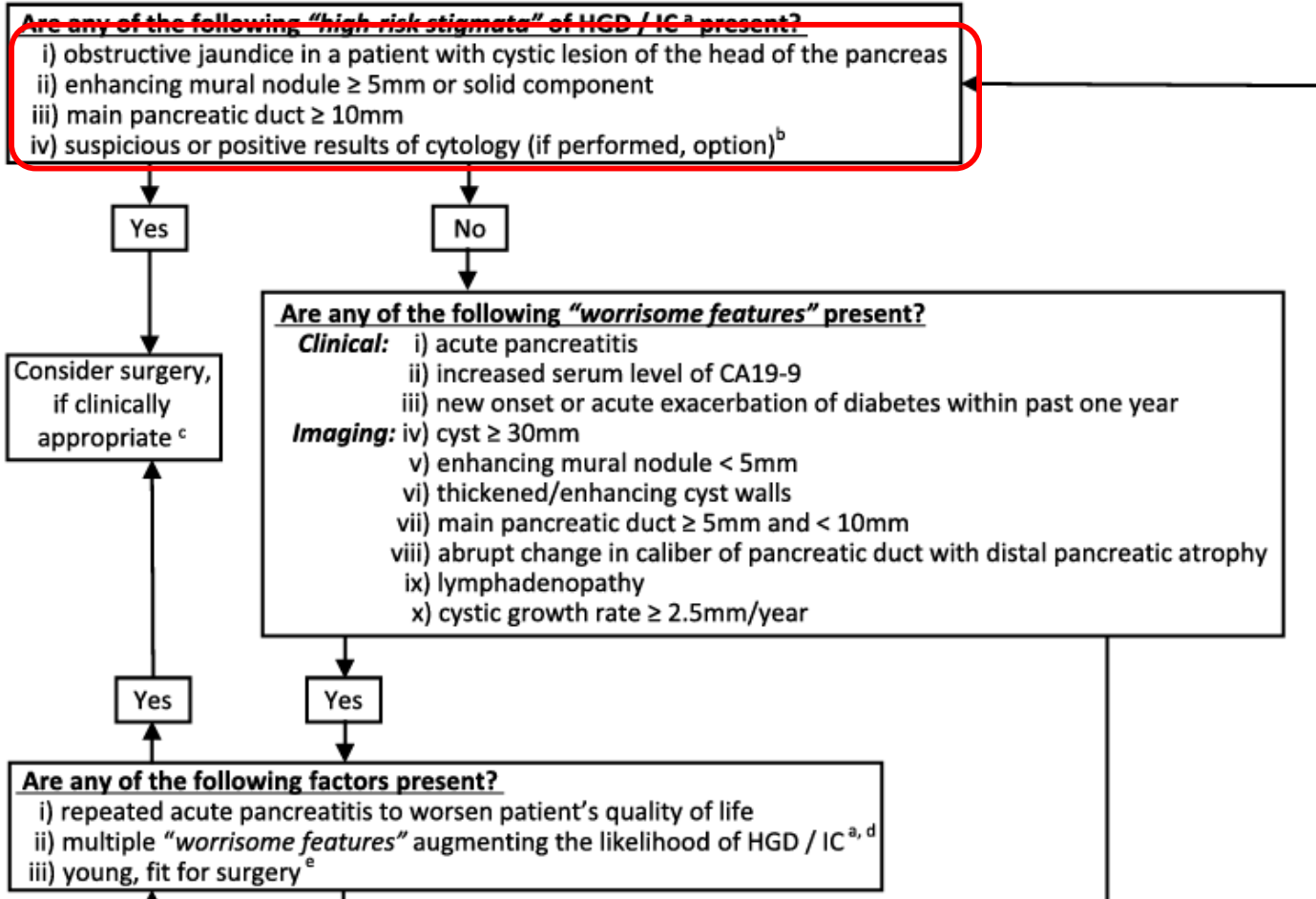
The primary imaging methods are MRI/MRCP and MDCT.
EUS can be used for further investigation to findings of HGD / IC^a.





Linee guide IPMN

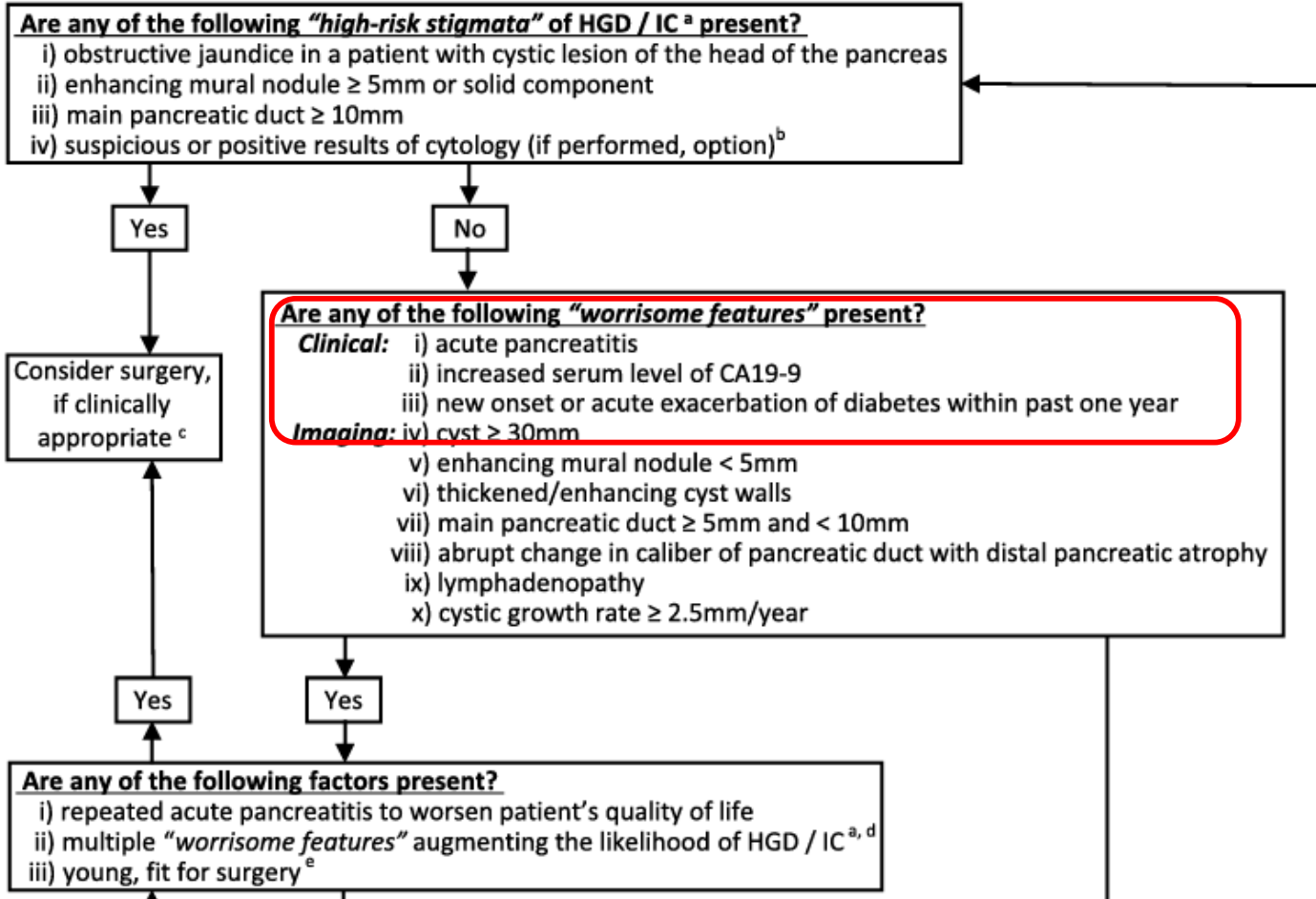
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Linee guide IPMN

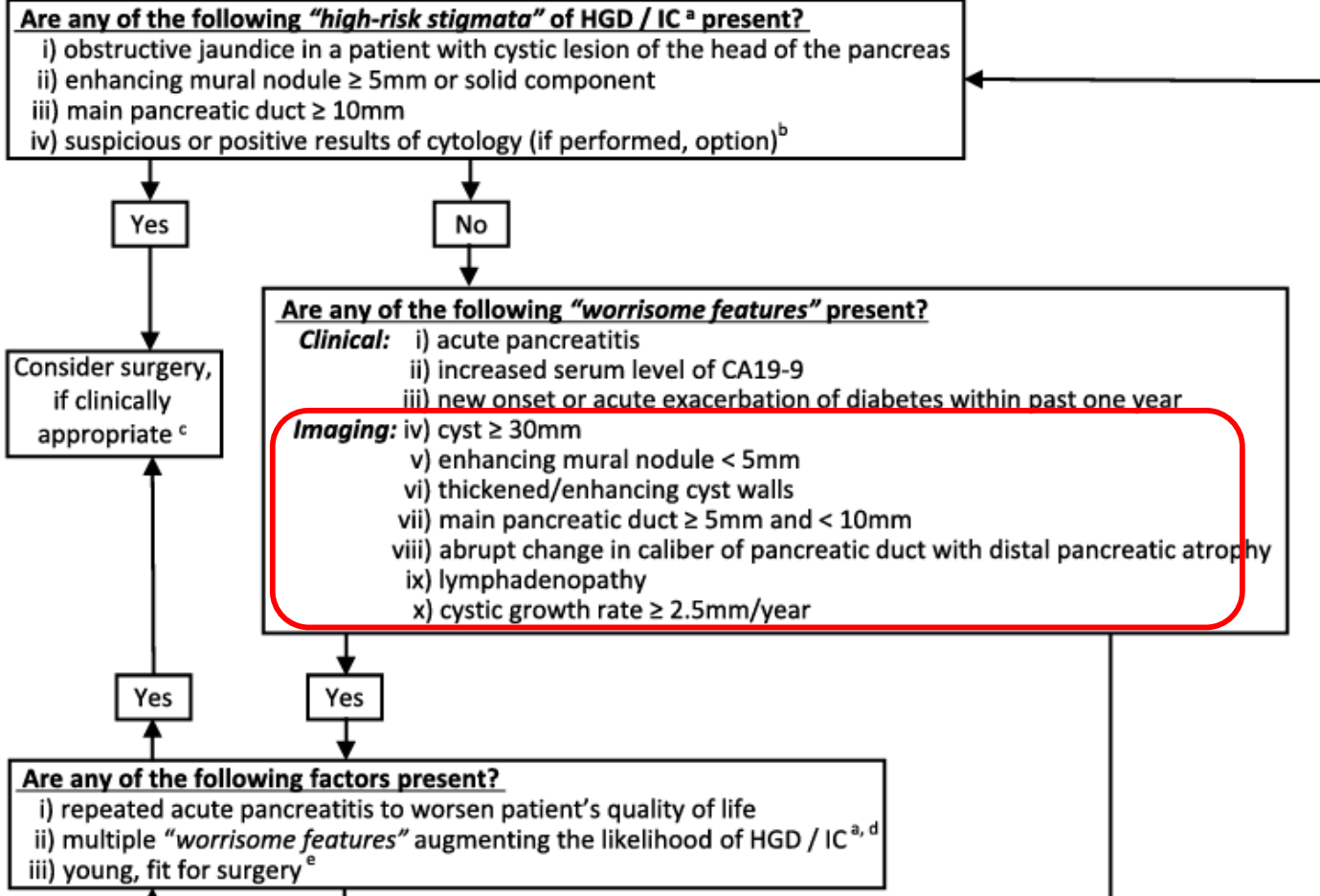
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Linee guide IPMN

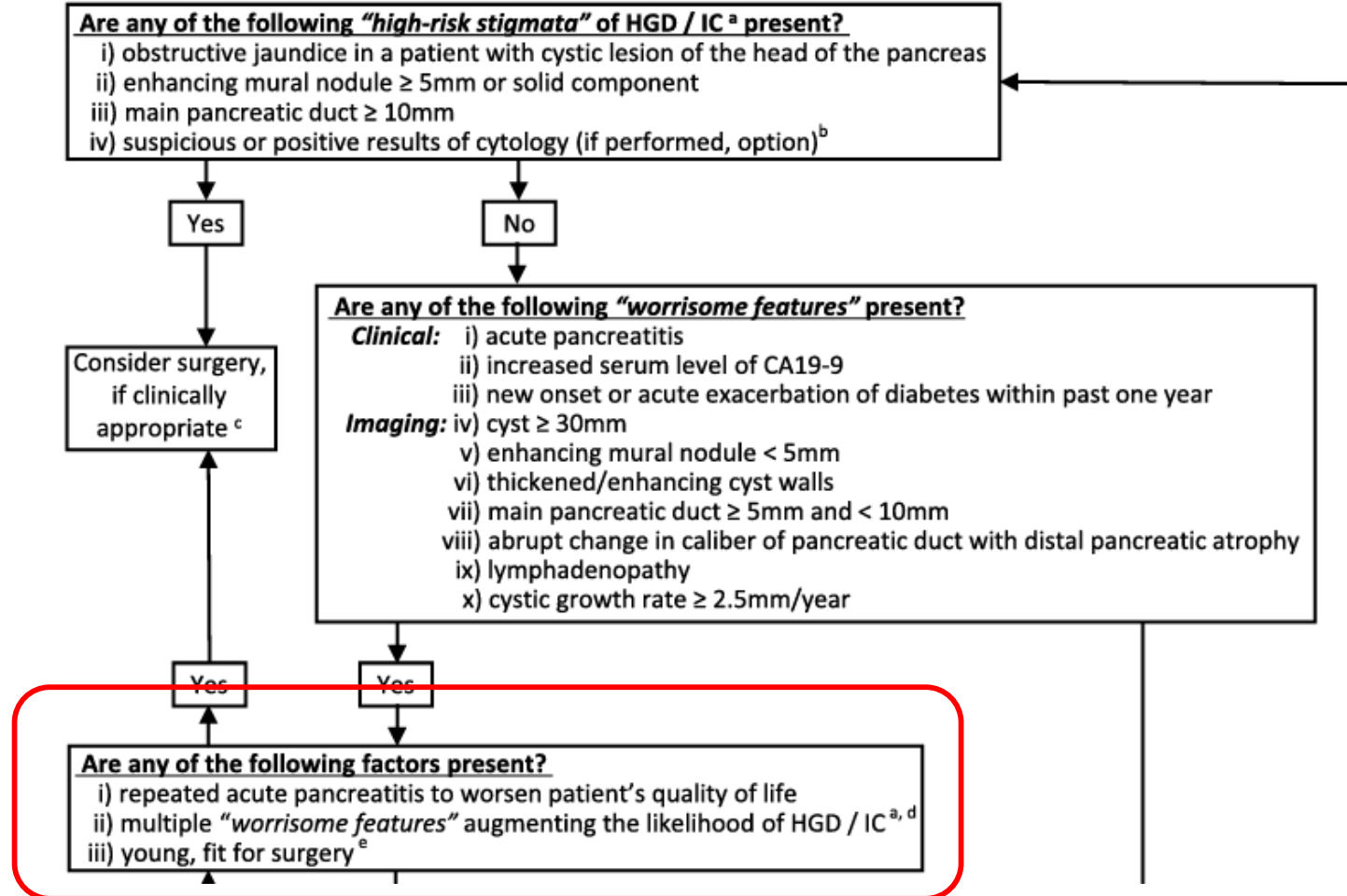
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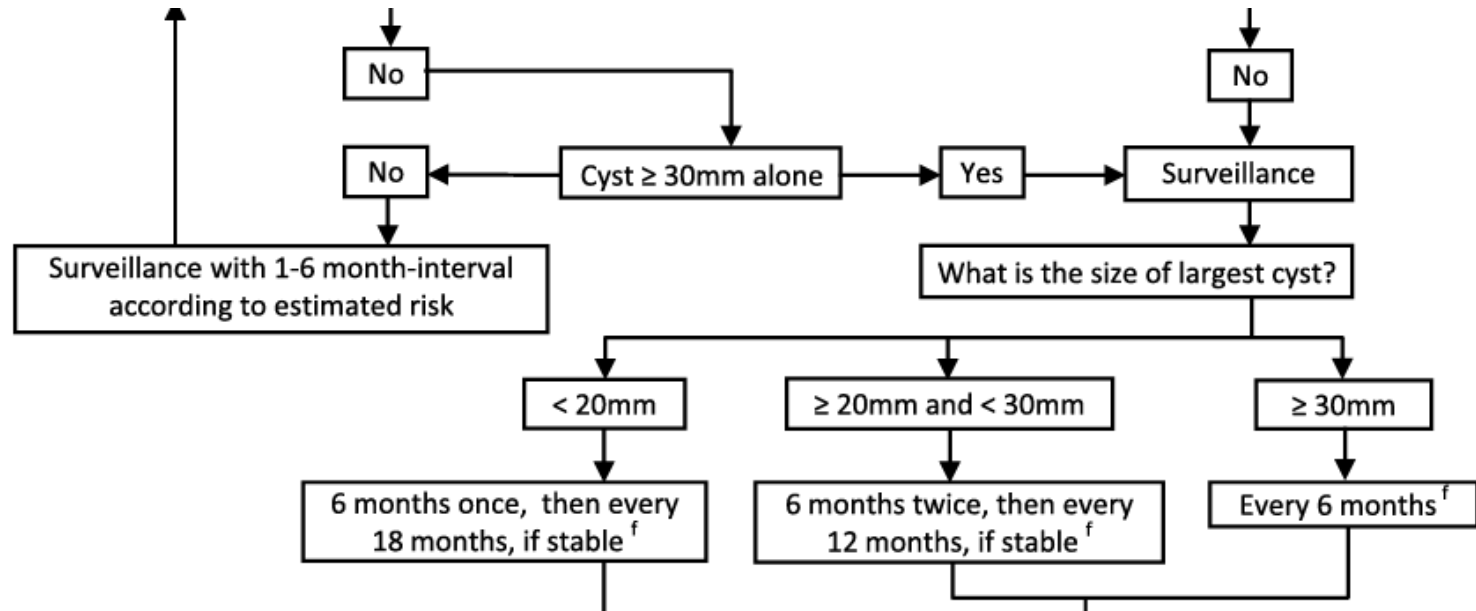
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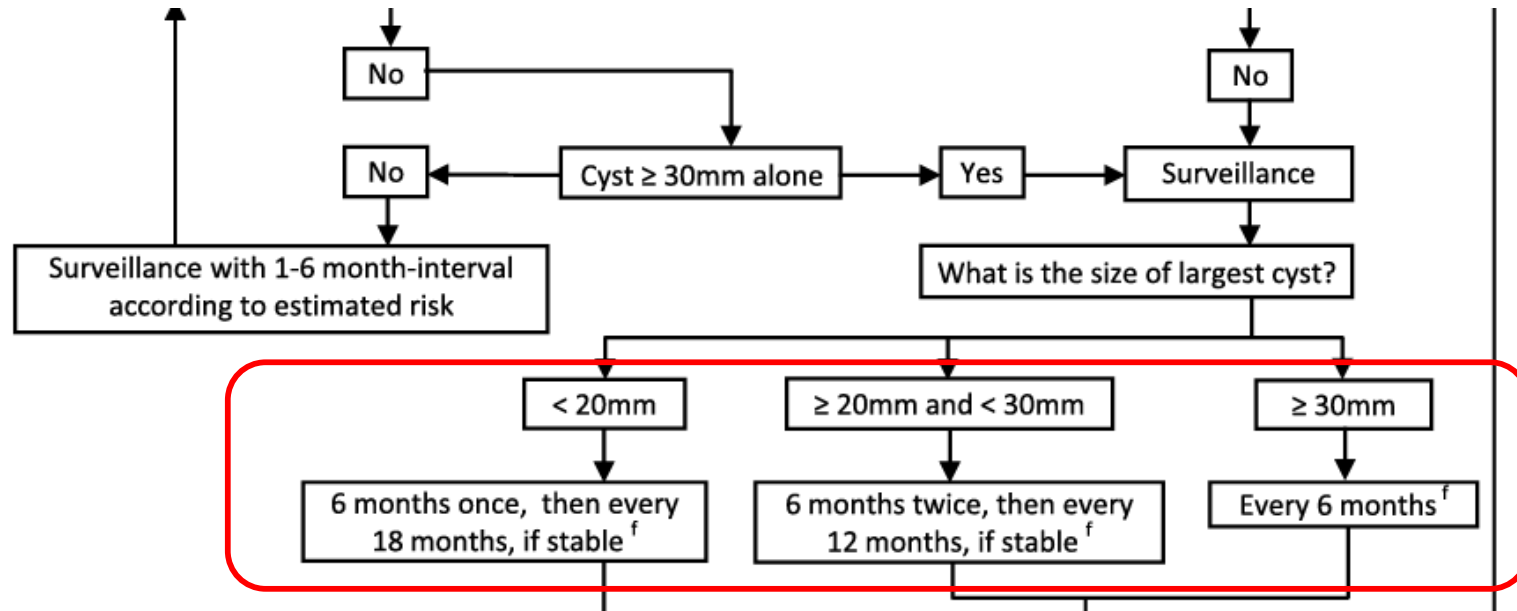


Linee guide IPMN



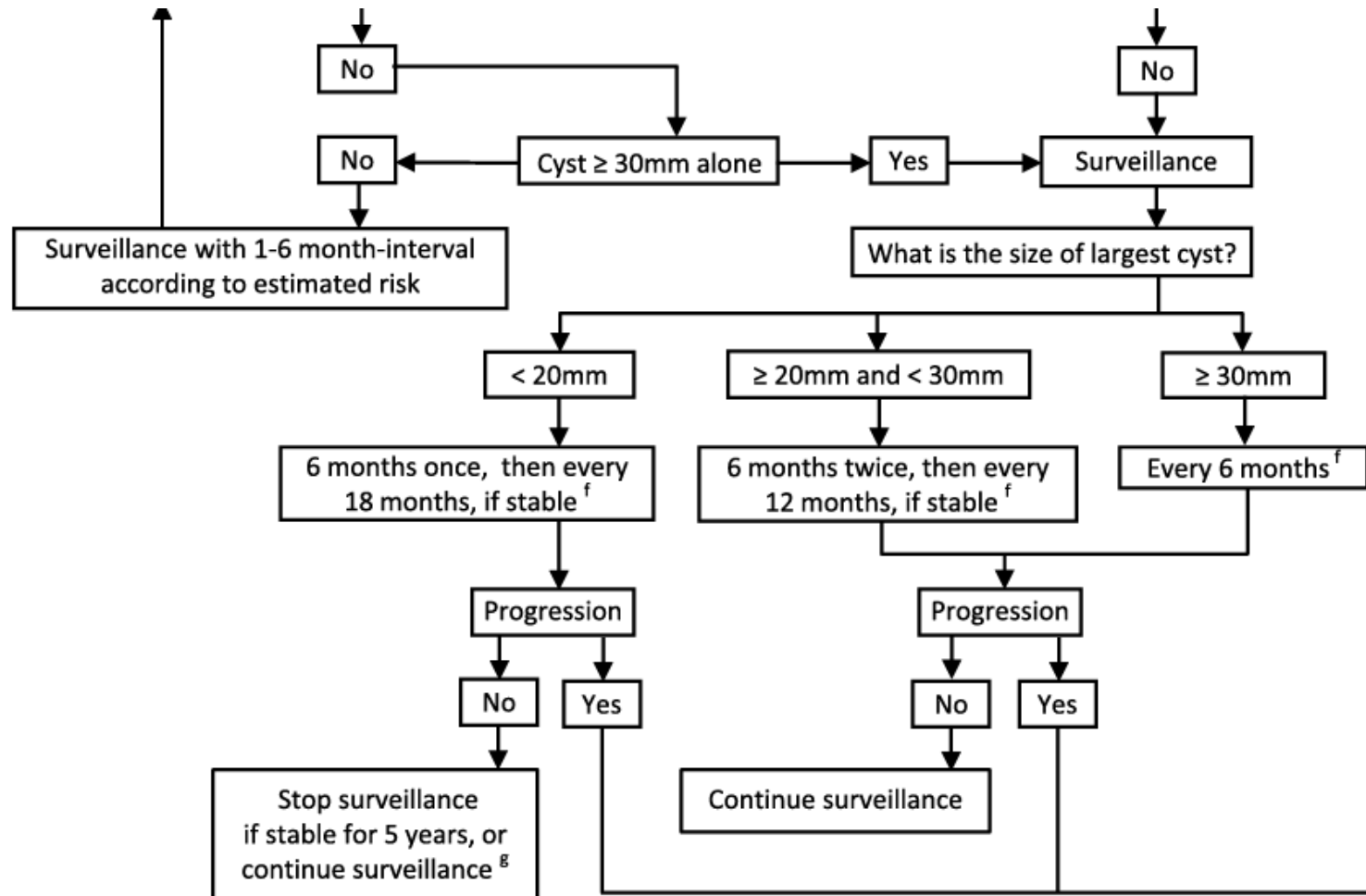


Linee guide IPMN



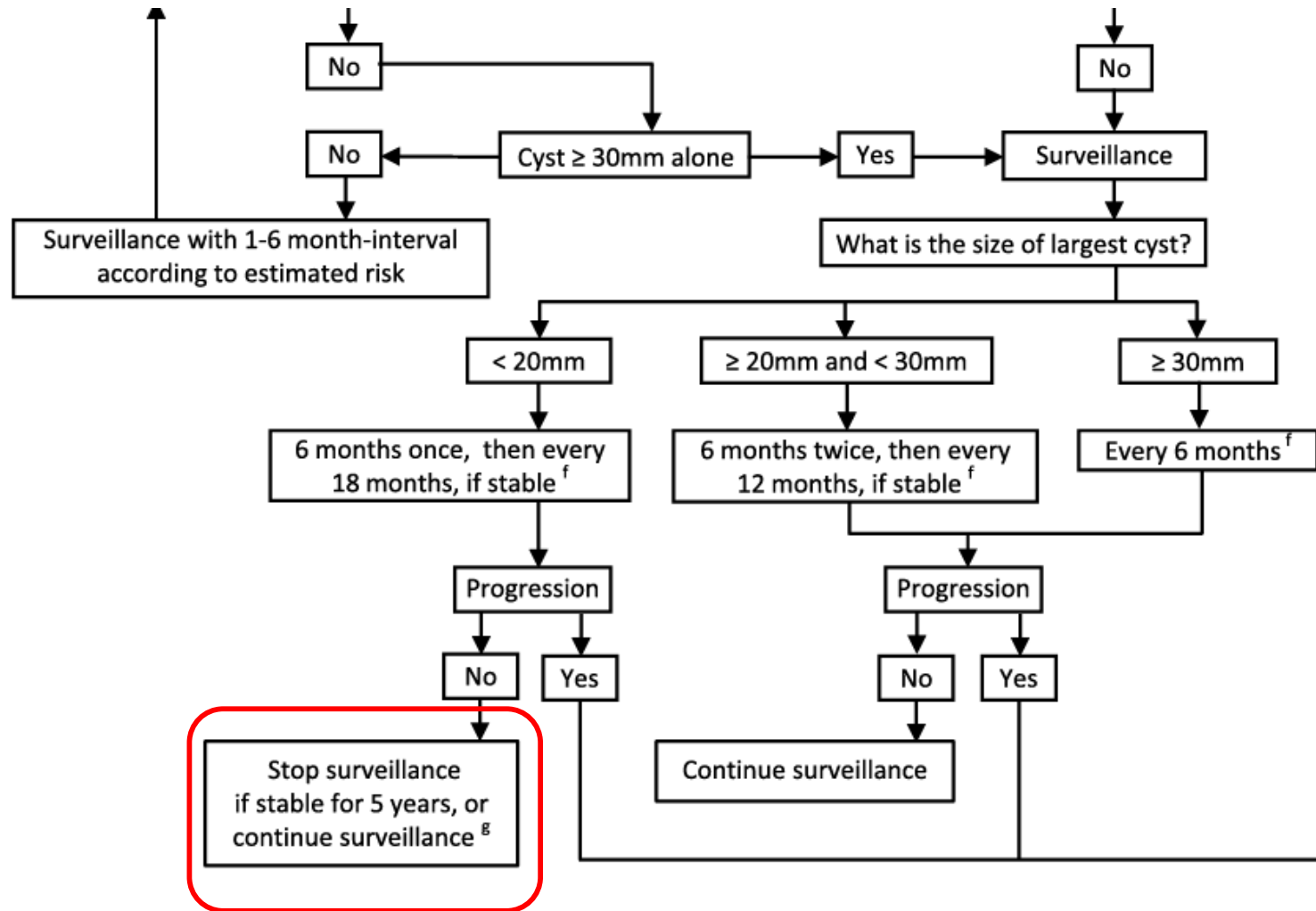


Linee guide IPMN





Linee guide IPMN



Linee guide IPMN

| | Size after 5 years | Age after 5 years | |
|-----------------|--------------------|-------------------------|---------------------------------------|
| Trivial BD-IPMN | <p>30 mm</p> | <p>75 years or more</p> | Consider surveillance discontinuation |
| | <p>15 mm</p> | <p>65 years or more</p> | |

And no WF or HRS

Figure 1. Summary of the recommendations on surveillance discontinuation derived from the present analysis according to clusters of individuals.

Linee guide IPMN

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Agenda

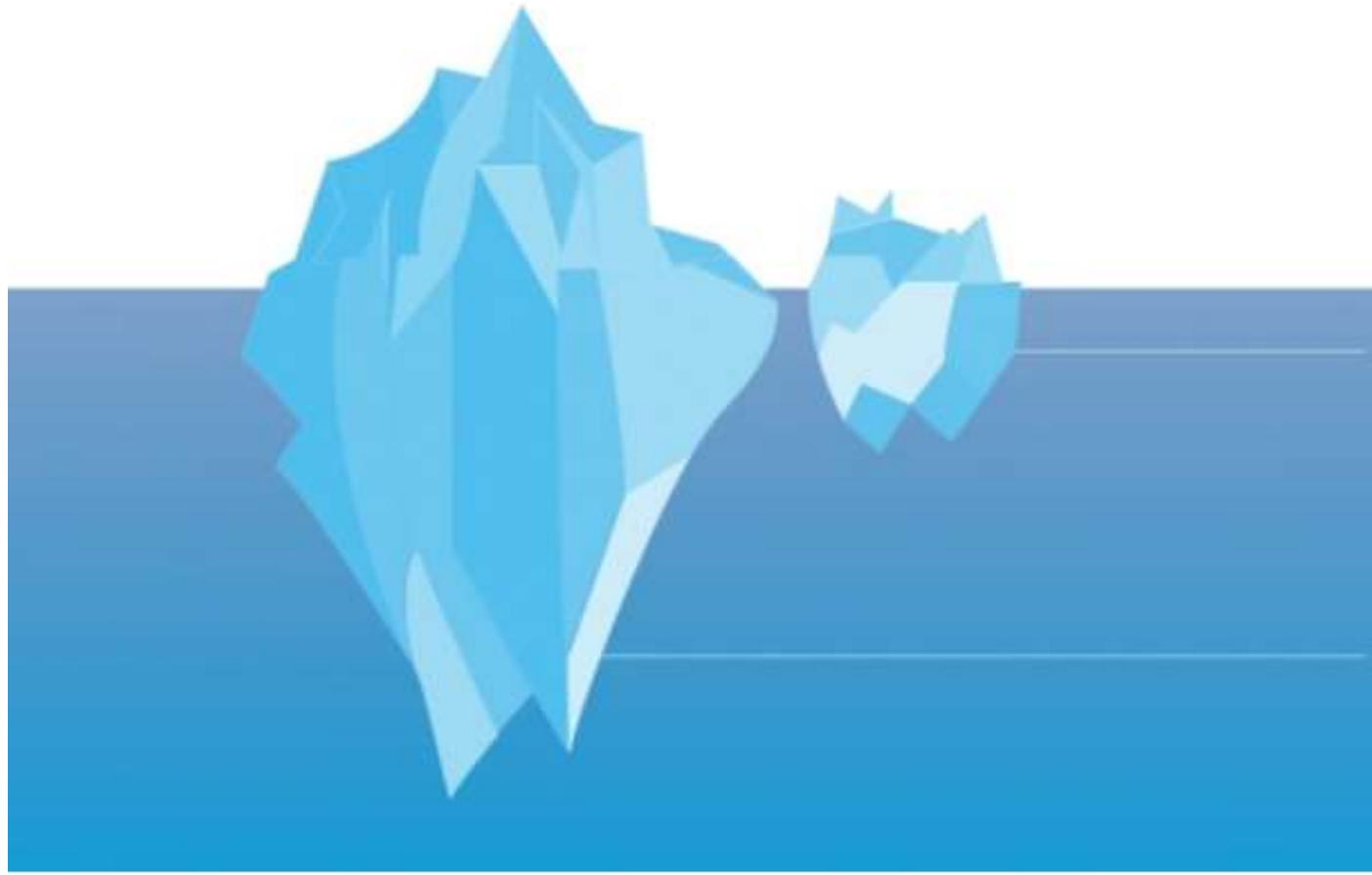
Litiasi biliare

Cisti del pancreas

Adenocarcinoma del pancreas



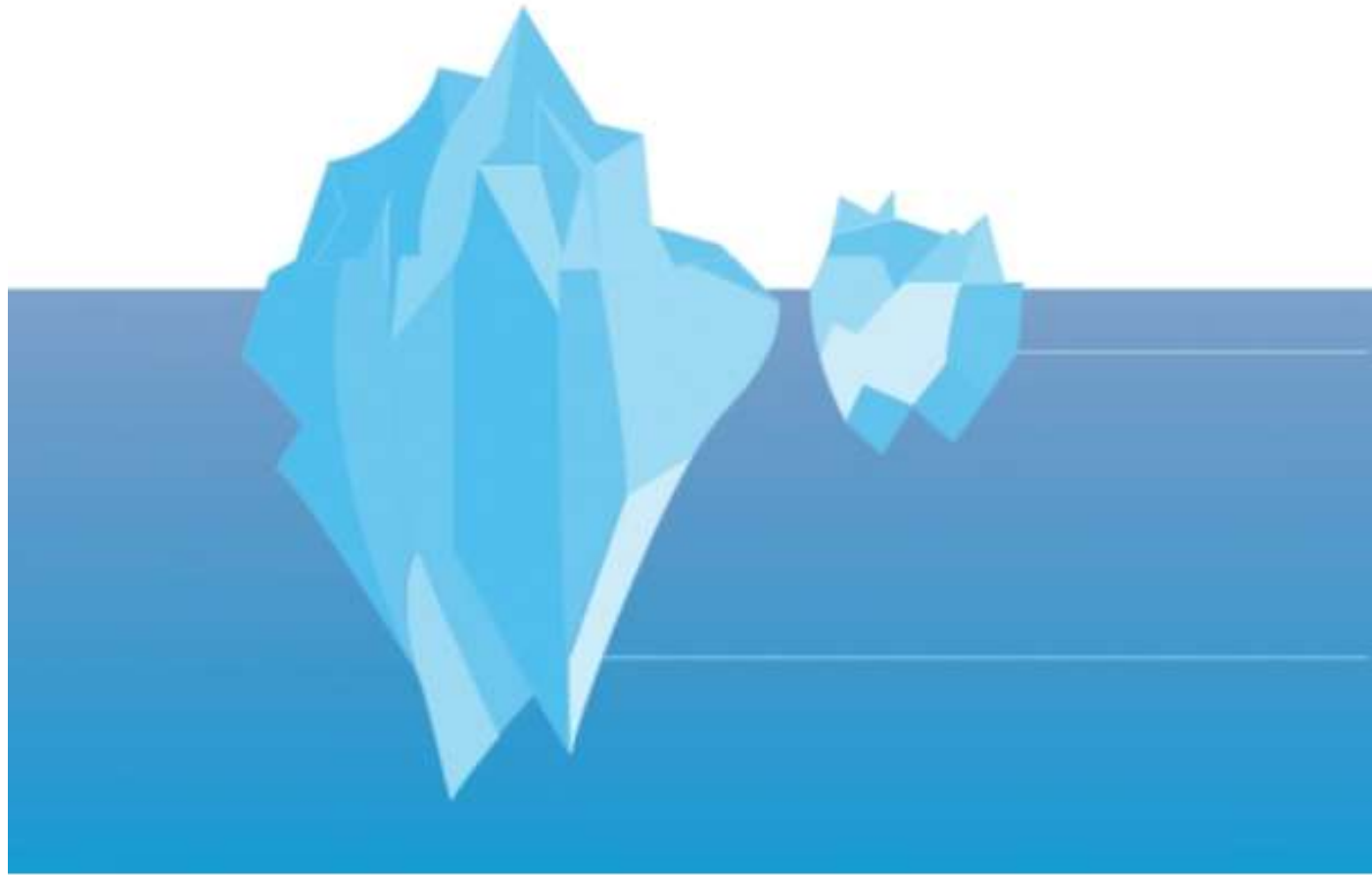
Adenocarcinoma del pancreas





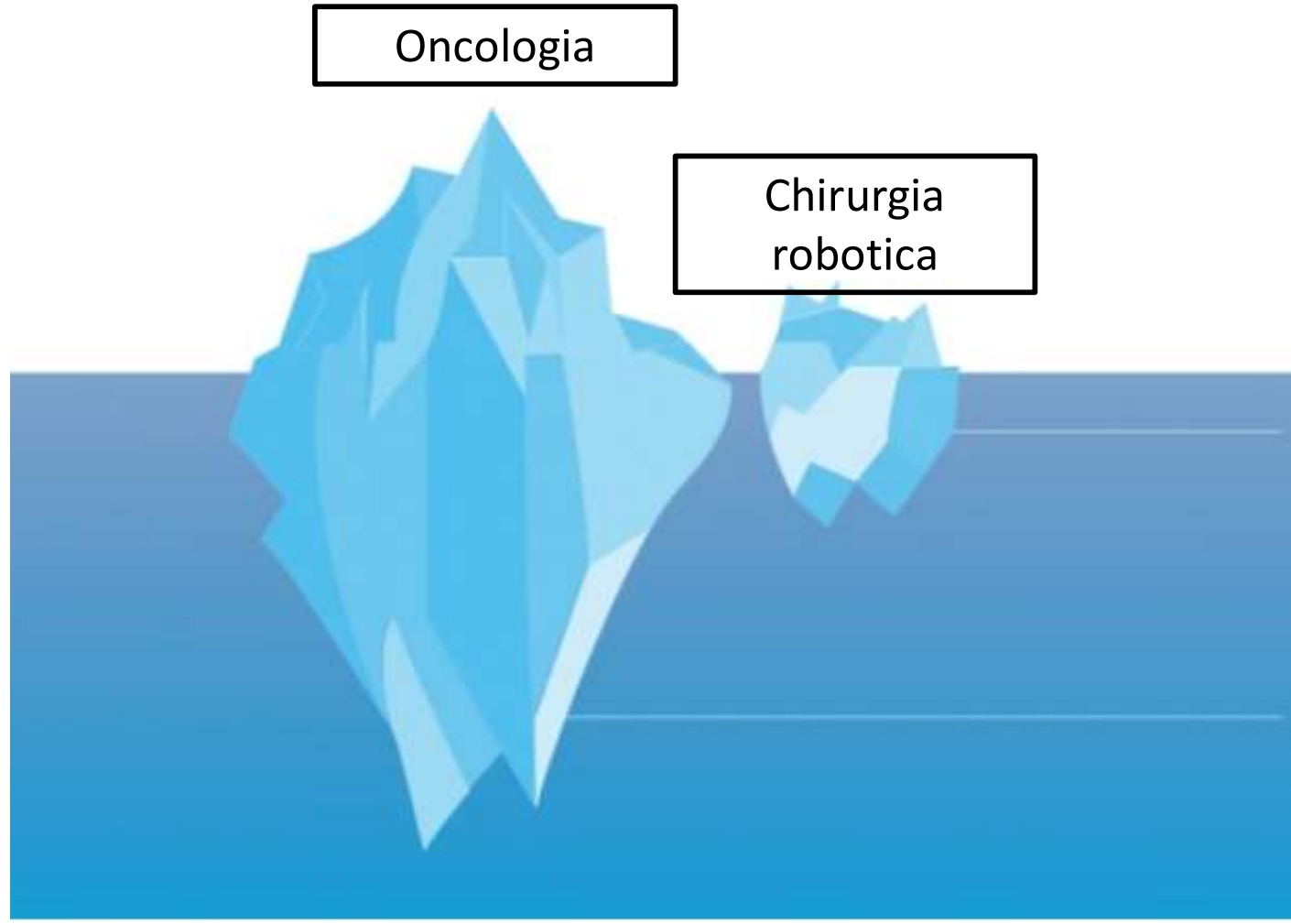
Adenocarcinoma del pancreas

Oncologia



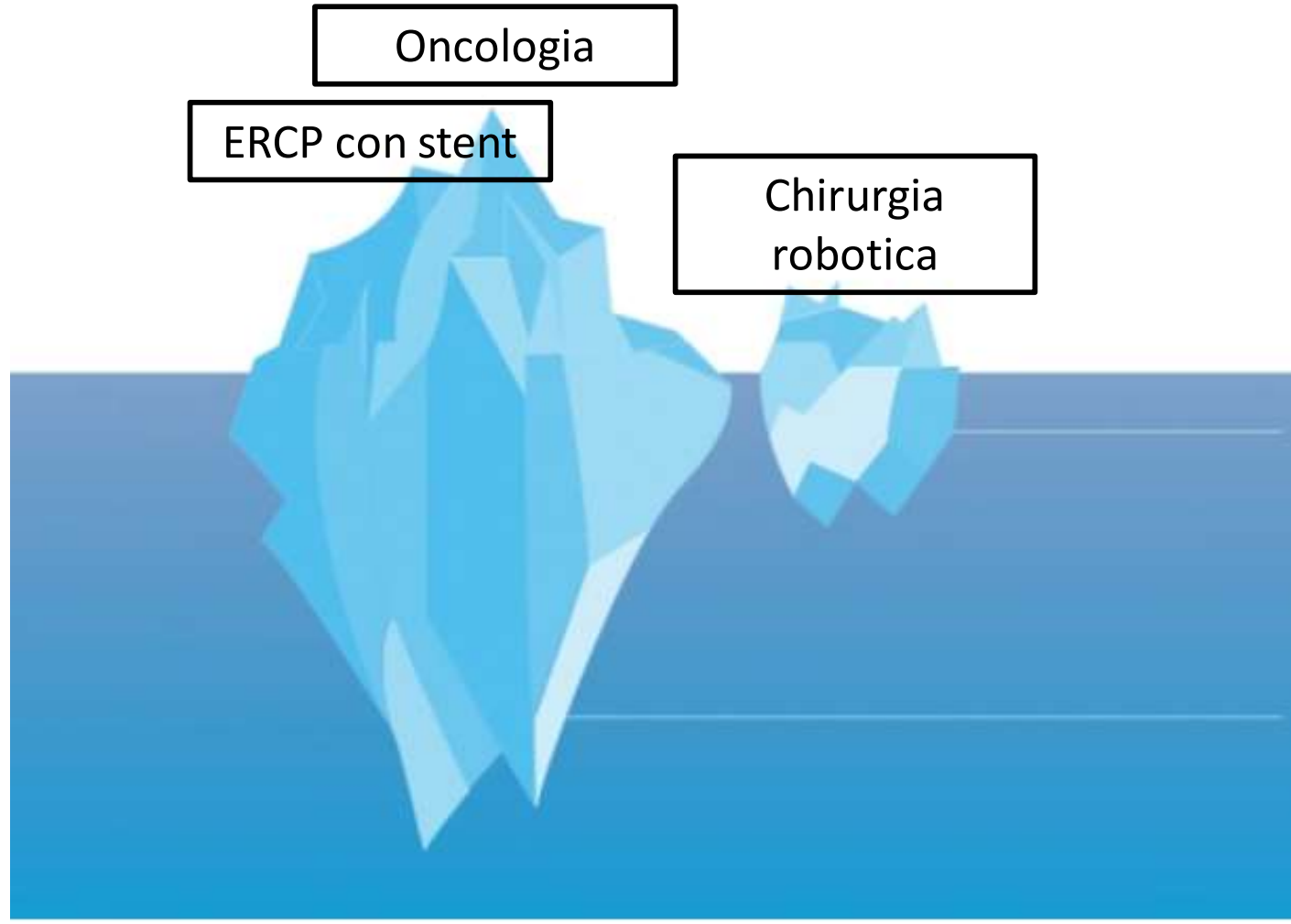


Adenocarcinoma del pancreas



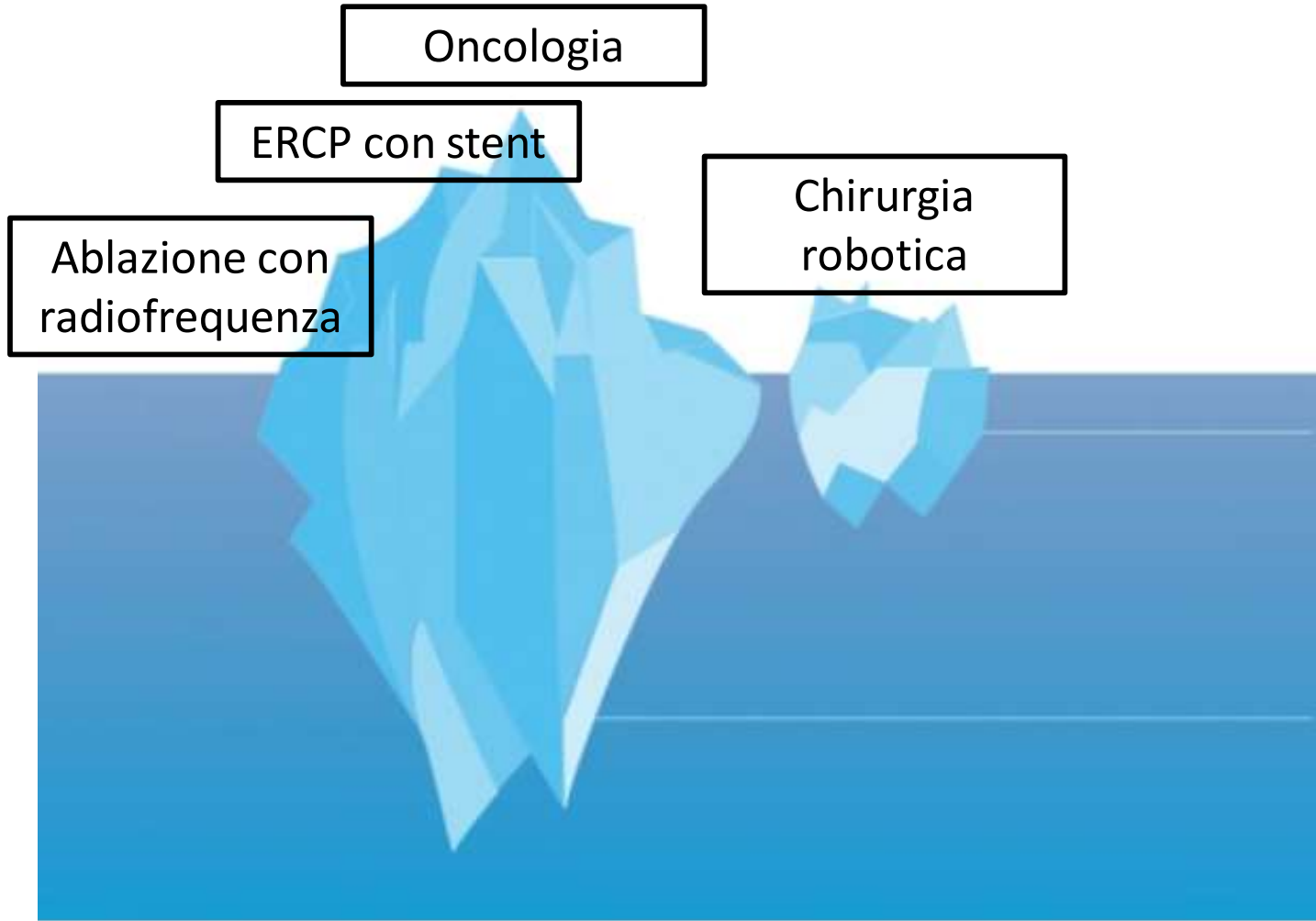


Adenocarcinoma del pancreas



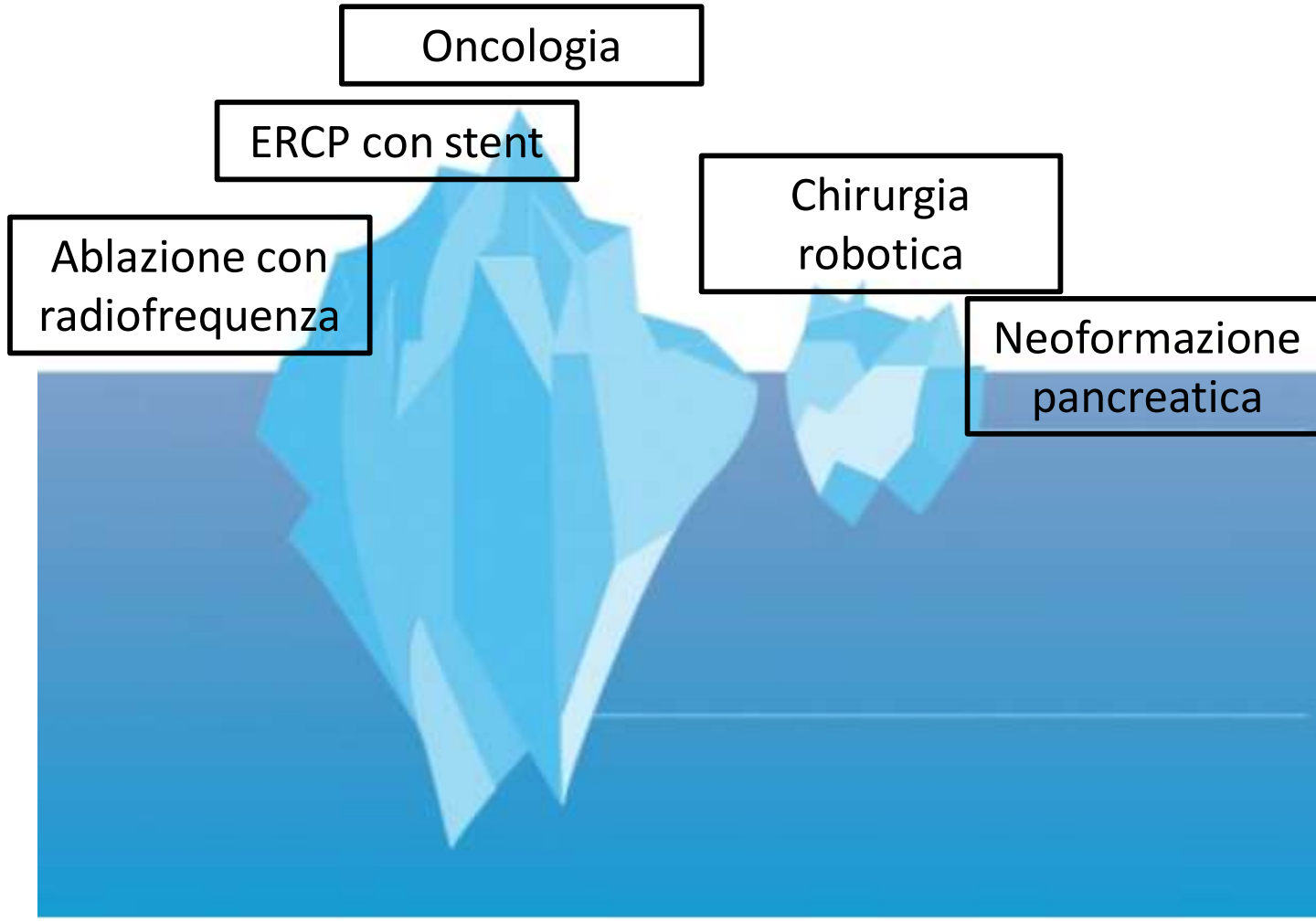


Adenocarcinoma del pancreas



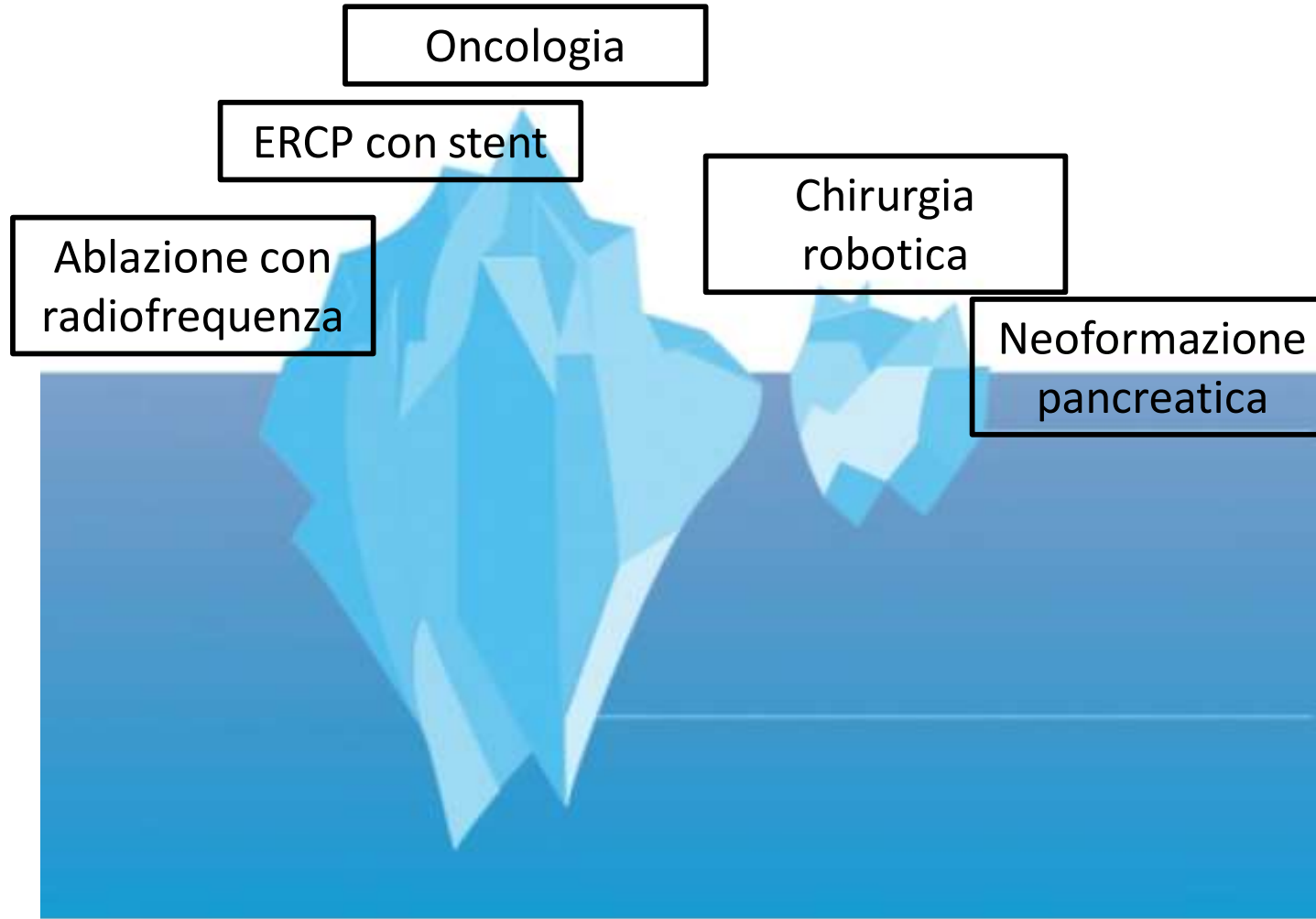


Adenocarcinoma del pancreas





Adenocarcinoma del pancreas



Cosa facciamo?

Visita

Esami

Ecografia

TC

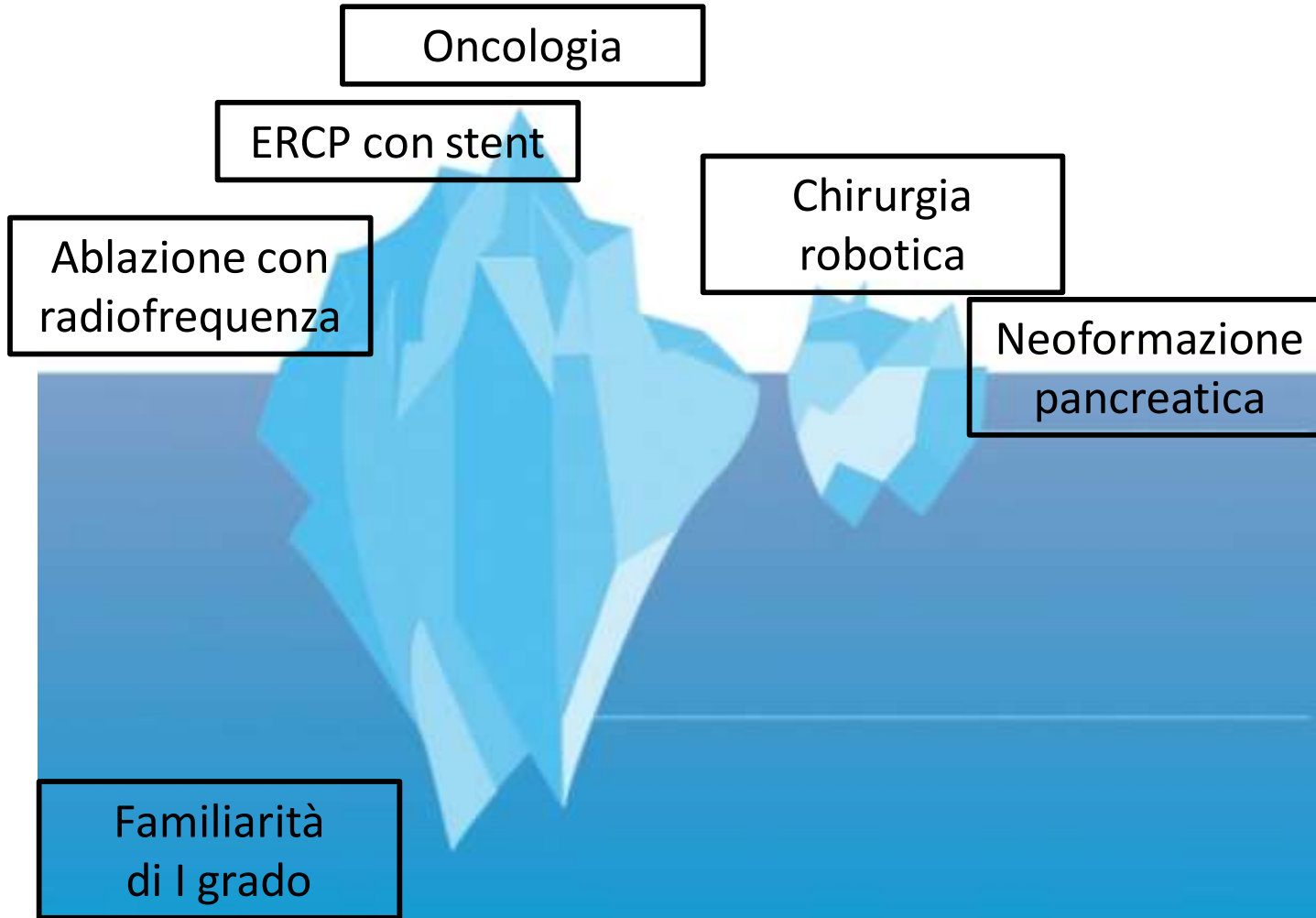
Ecoendoscopia con agobiopsia

Come?

Preso in carico immediata



Adenocarcinoma del pancreas



Cosa facciamo?

Niente

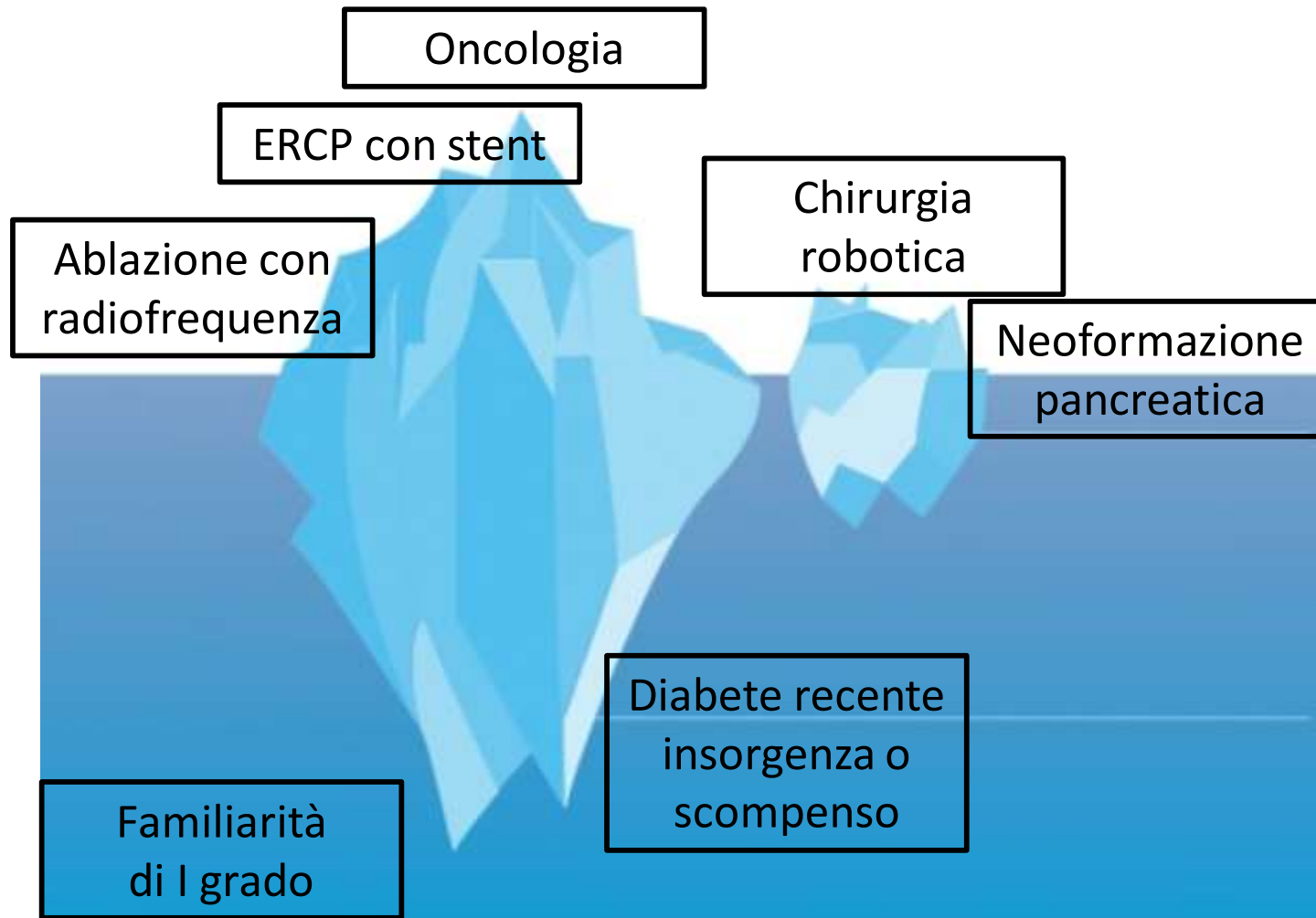
Cosa fare?

Correzione stili di vita (fumo, alcool, obesità)

Ecografia annuale??



Adenocarcinoma del pancreas

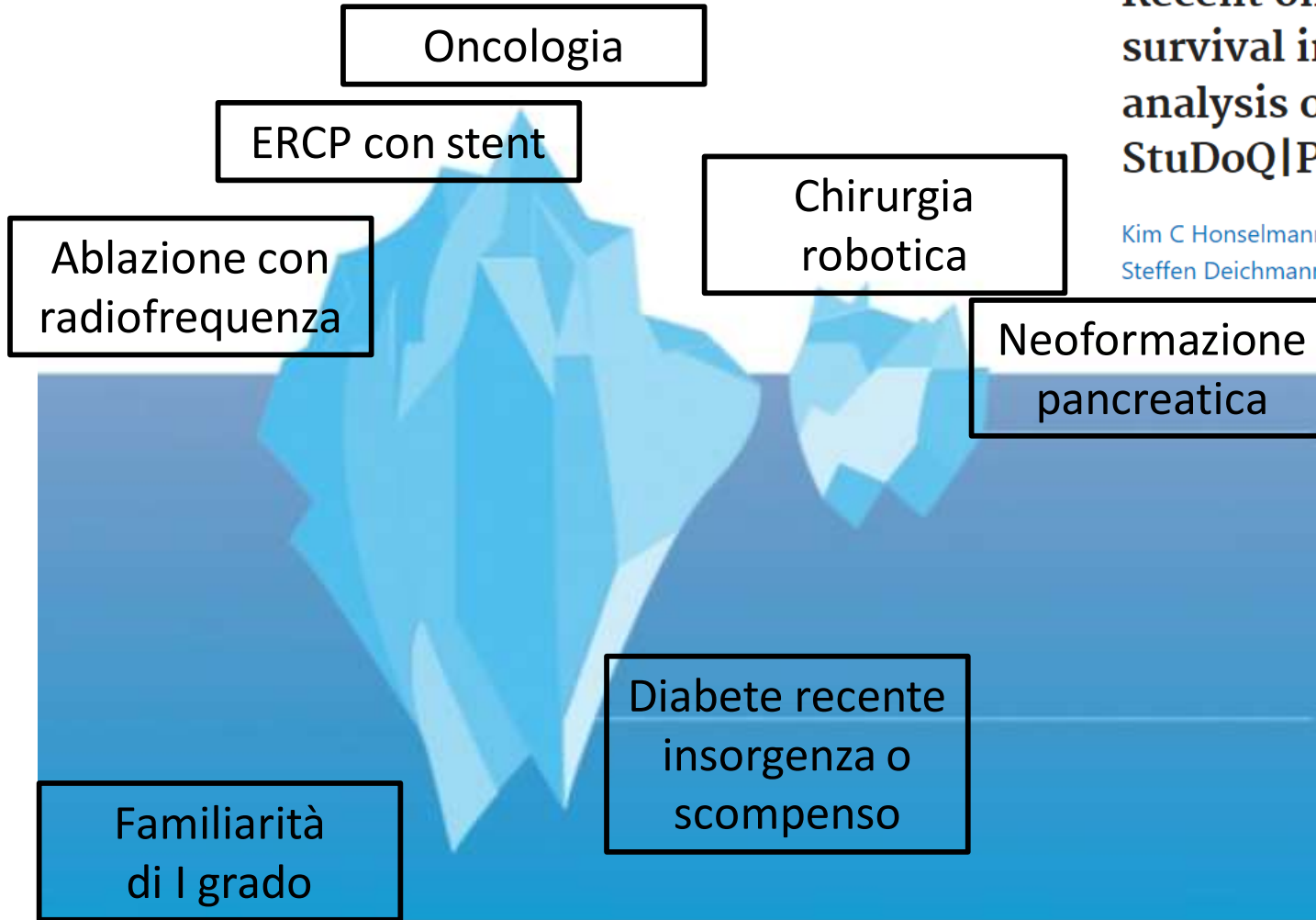




Adenocarcinoma del pancreas

Recent onset diabetes is associated with better survival in pancreatic ductal adenocarcinoma-An analysis of preoperative symptoms within the DGAV StuDoQ|Pancreas Registry

Kim C Honselmann¹, Yannic Elser², Tabea Boeckmann², Louisa Bolm², Meike Ten Winkel², Steffen Deichmann², Ruediger Braun², Ulrich F Wellner², Tobias Keck³, Hryhoriy Lapshyn²

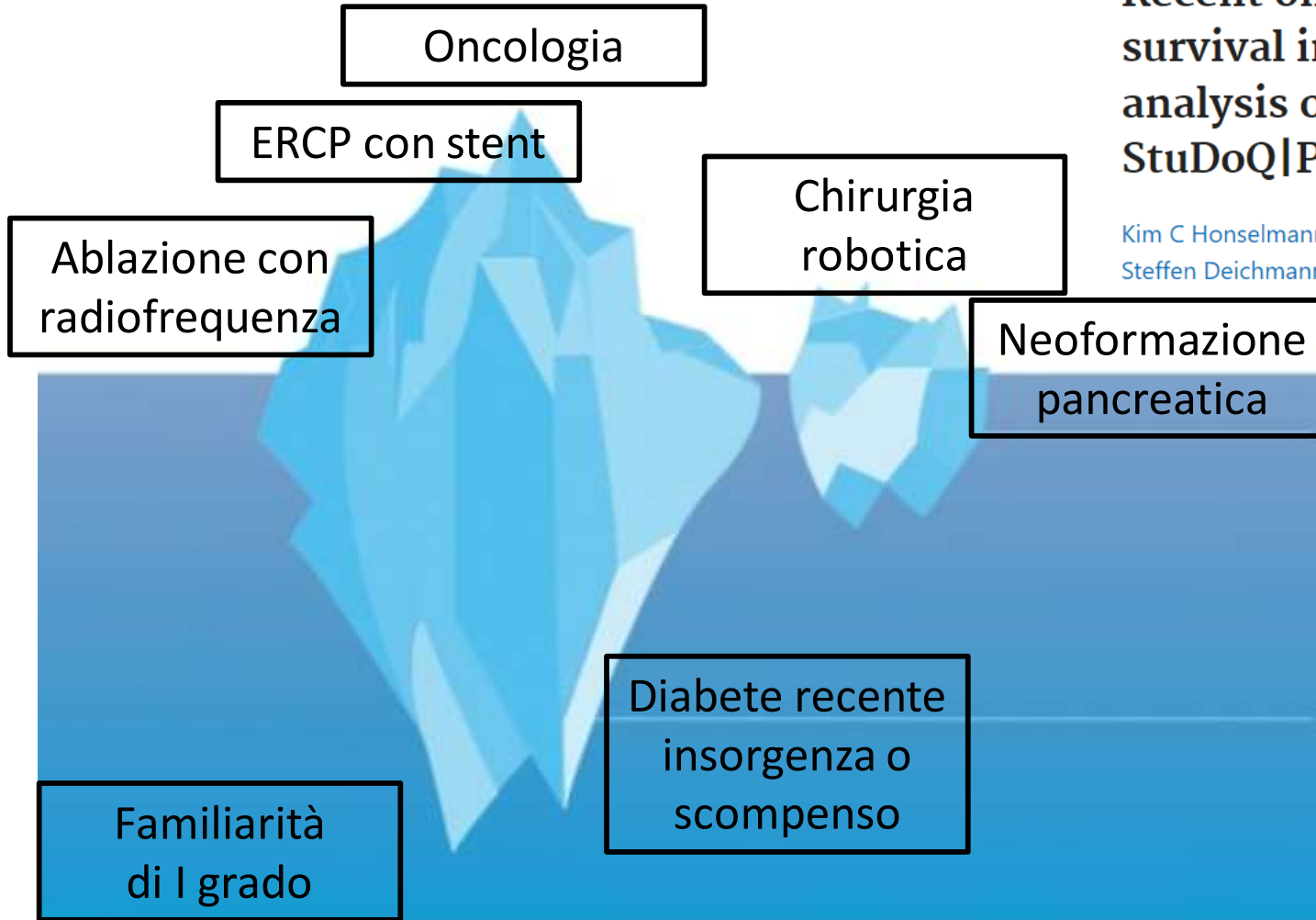




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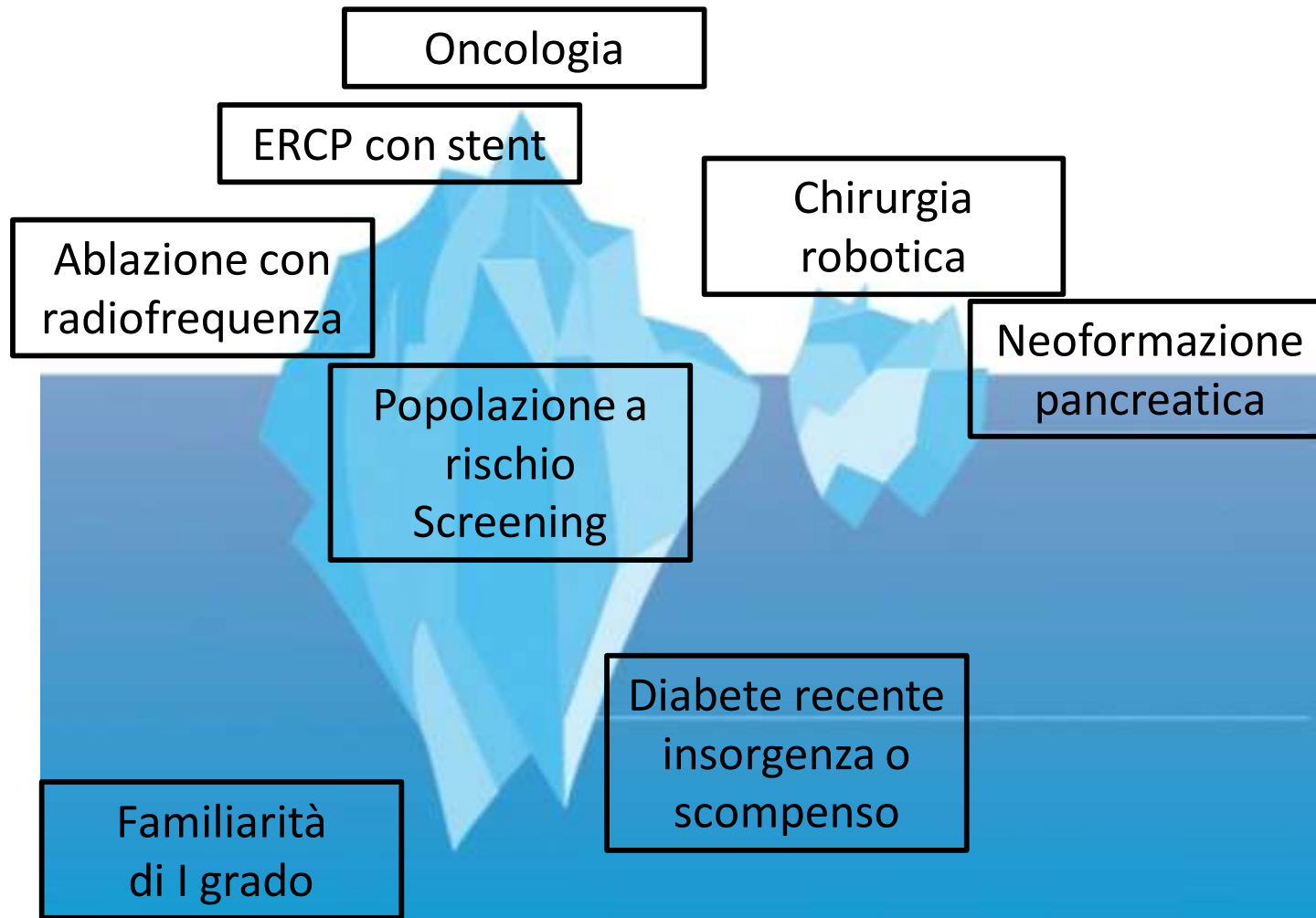
Diabete recente insorgenza: 31%
Sopravvivenza 5 anni: 57% vs 28%

Perché?

Sintomo di allarme
Diagnosi precoce



Adenocarcinoma del pancreas





Popolazione a rischio

1) Sindromi neoplastiche ereditarie

- Peutz-Jeghers syndrome (PJS)
- Familial atypical multiple mole melanoma (FAMMM)
- Familial adenomatous polyposis (FAP)
- Hereditary non-polyposis colon cancer (HNPCC)
- Familial breast and ovarian cancer syndrome (FBOC)

| <i>Sindrome</i> | <i>Gene</i> | <i>Rischio rel.</i> |
|--|---------------|---------------------|
| Familial Breast and Ovarian Cancer Syndrome (FBOC) | BRCA2 | 3.5-10 |
| | BRCA1 | 2.3 |
| Hereditary non-polyposis colon cancer (HNPCC) or Lynch Syndrome II | MSH2 MLH1 | 4.7 |
| | MSH6 PMS PMS2 | |
| Familial adenomatous polyposis (FAP) | APC | 4.5 |
| Familial atypical multiple mole melanoma (FAMMM) | CDKN2A/P16 | 34-39 |
| Peutz-Jeghers syndrome (PJS) | LKB1/STK11 | 132 |

Dal Registro Italiano Cancro Familiare del Pancreas



Popolazione a rischio

2) Sindromi ereditarie non neoplastiche

Pancreatite ereditaria

Fibrosi cistica

| <i>Sindrome</i> | <i>Gene</i> | <i>Rischio rel.</i> |
|------------------------------|-------------|---------------------|
| Hereditary pancreatitis (HP) | PRSS1 | 50-70 |
| Cystic fibrosis (CF) | CFTR | 5.3 |

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Popolazione a rischio

3) Tumore pancreatico familiare propriamente detto

Definizione: famiglie con almeno 3 soggetti (o 2 se di primo grado) con tumore pancreatico.

Il tumore pancreatico familiare rappresenta la quota più rilevante dei tumori pancreatici di origine ereditaria. Non sono ancora note le alterazioni genetiche responsabili della sindrome.

| <i>Numero consanguinei affetti</i> | <i>Gene</i> | <i>Rischio rel.</i> |
|------------------------------------|-------------|---------------------|
| 1 | ? | 4.6 |
| 2 | ? | 6.4 |
| 3 | ? | 32 |

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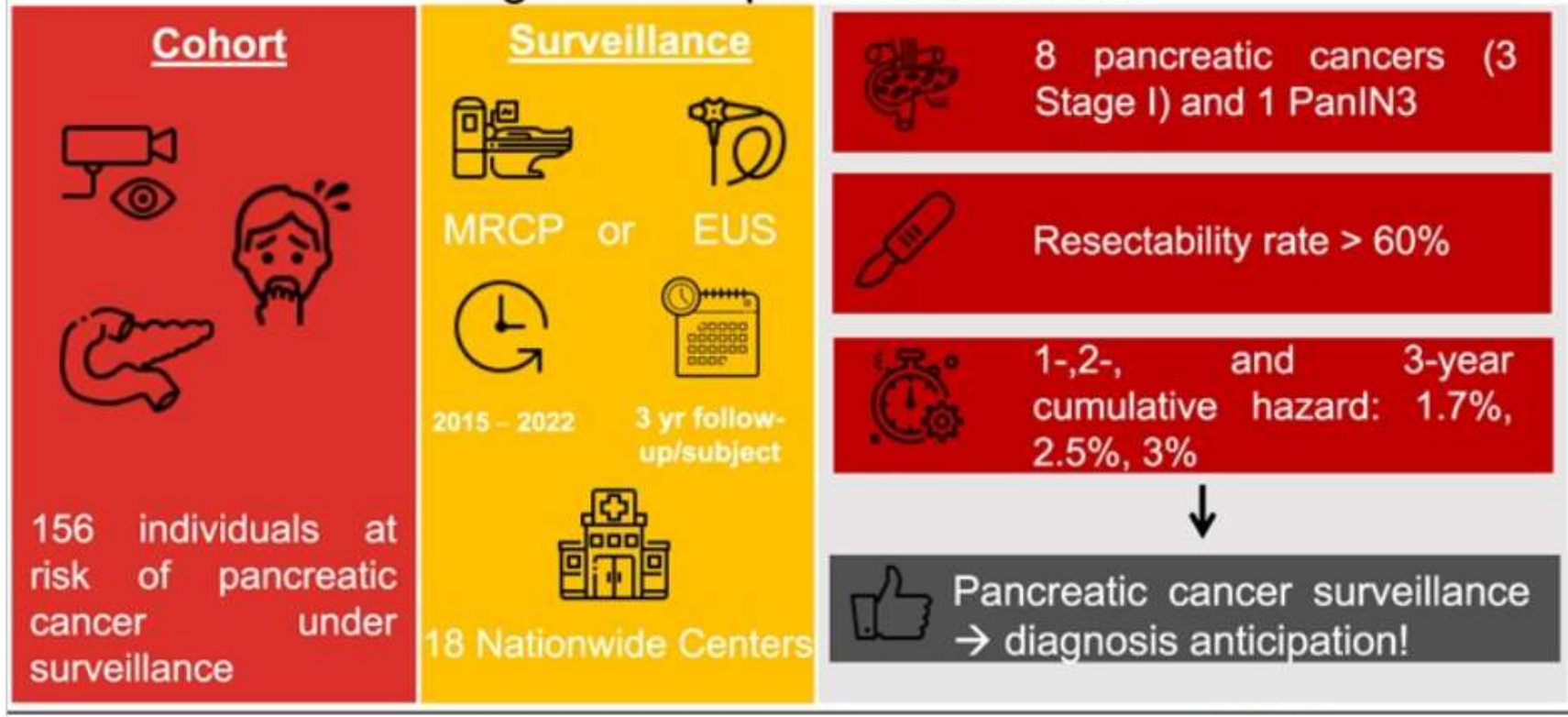
Popolazione a rischio

- ≥ 3 consanguinei di primo, secondo o terzo grado affetti da cancro del pancreas sulla stessa linea.
- Portatore di mutazioni per BRCA-2, BRCA-1, P16, associate ad almeno un consanguineo di primo o second grado affetto da cancro del pancreas.
- Portatori di mutazioni per la sindrome di Peutz-Jeghers.
- Due consanguinei affetti da cancro del pancreas sulla stessa linea di cui almeno uno sia di primo grado rispetto al candidato allo screening.
- Soggetti affetti da pancreatite cronica ereditaria.



Screening in Italia

Outcomes of a 3-year prospective surveillance in individuals at high-risk for pancreatic cancer





Grazie per l'attenzione!

Contatto

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