COMMENTARY TRANSPLANTATION (PANCREAS, ISLET CELLS, IMMUNOLOGY)

Surgical Management of Intraductal Papillary Neoplasm (IPNB) of the Bile Duct

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Cholangiocarcinoma accounts for 10-20% of all deaths from hepatopancreatobiliary (HPB) malignancies worldwide and responds poorly to medical treatment, with a median survival of 36 months. Asian populations have a higher incidence of disease (3.5/100,000 in Japan) compared to Western populations (1.6/100,000 in the United States), likely due to two important risk factors- hepatolithiasis and chlonorchiasis- which are endemic to those areas.

Three types of precursor lesions are known to precede invasive biliary adenocarcinoma. These include flat, non-tumor forming lesions called biliary intraepithelial neoplasia (BiIN), intraductal papillary neoplasms of the bile duct (IPNB), and mucinous biliary cystic neoplasms (MCN). This paper will focus on IPNBs, which are defined as papillary and/or tubular lesions that fill the bile duct, potentially resulting in fusiform or cystic dilatation of the affected segment. Recent literature has suggested that IPNBs may confer a better prognosis than typical cholangiocarcinoma, with some studies finding a greater than 60% survival rate at 5 years.

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