

**Intraductal Mucin Producing Pancreas Lesion:  
Comparison between MR Cholangiopancreatography and ERCP**

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**Purpose:** To compare the findings of intraductal mucin producing pancreas lesion in MRCP and ERCP, and to evaluate the efficacy of both methods.

**Materials and Methods:** 9 cases of pathologically proven intraductal mucin producing pancreas lesion were retrospectively reviewed. Histopathology revealed the hyperplasia (n=3), adenoma (n=1), adenocarcinoma (n=4), and combined form (n=2). MRCP was performed with 1.5T magnet Siemens Vision. MRCP images were acquired with HASTE sequence and RARE sequence. The coronal source images were postprocessed with MIP algorithms. On MRCP and ERCP studies, we evaluated the shape and degree of dilatation in main duct and side branches. We graded the followings as non-visualization (0 point), poor (1 point), good (2 points), and excellent (3 points): Visualization of each main pancreatic duct and side branches, relationship evaluation between main duct lesion and side branch lesion, intraductal mucin detection, and tumor nodule detection.

**Results:** The main pancreatic duct showed diffuse moderate dilatation (n=3), diffuse severe (n=4), segmental moderate (n=1), and non-dilatation (n=1). Side branch dilatation was shown in 9 cases; 7 cases in mainly head, 1 case in body and 1 case in tail. The score of main duct visualization was 20 in MRCP and 9 in ERCP ( $p<0.05$ ). The score of side branch was 18 in MRCP and 7 in ERCP ( $p<0.05$ ). Relationship evaluation score was 18 in MRCP and 5 in ERCP ( $p<0.05$ ). Mucin detection score was 2 in MRCP and 13 in ERCP ( $p<0.05$ ). Tumor detection score was 10 in MRCP and 3 in ERCP ( $p>0.05$ ).

**Conclusion:** Intraductal mucin producing pancreas lesion shows side branch dilatation with or without dilatation of main pancreatic duct on MRCP. MRCP is better than ERCP because of better visualization of pancreatic duct.