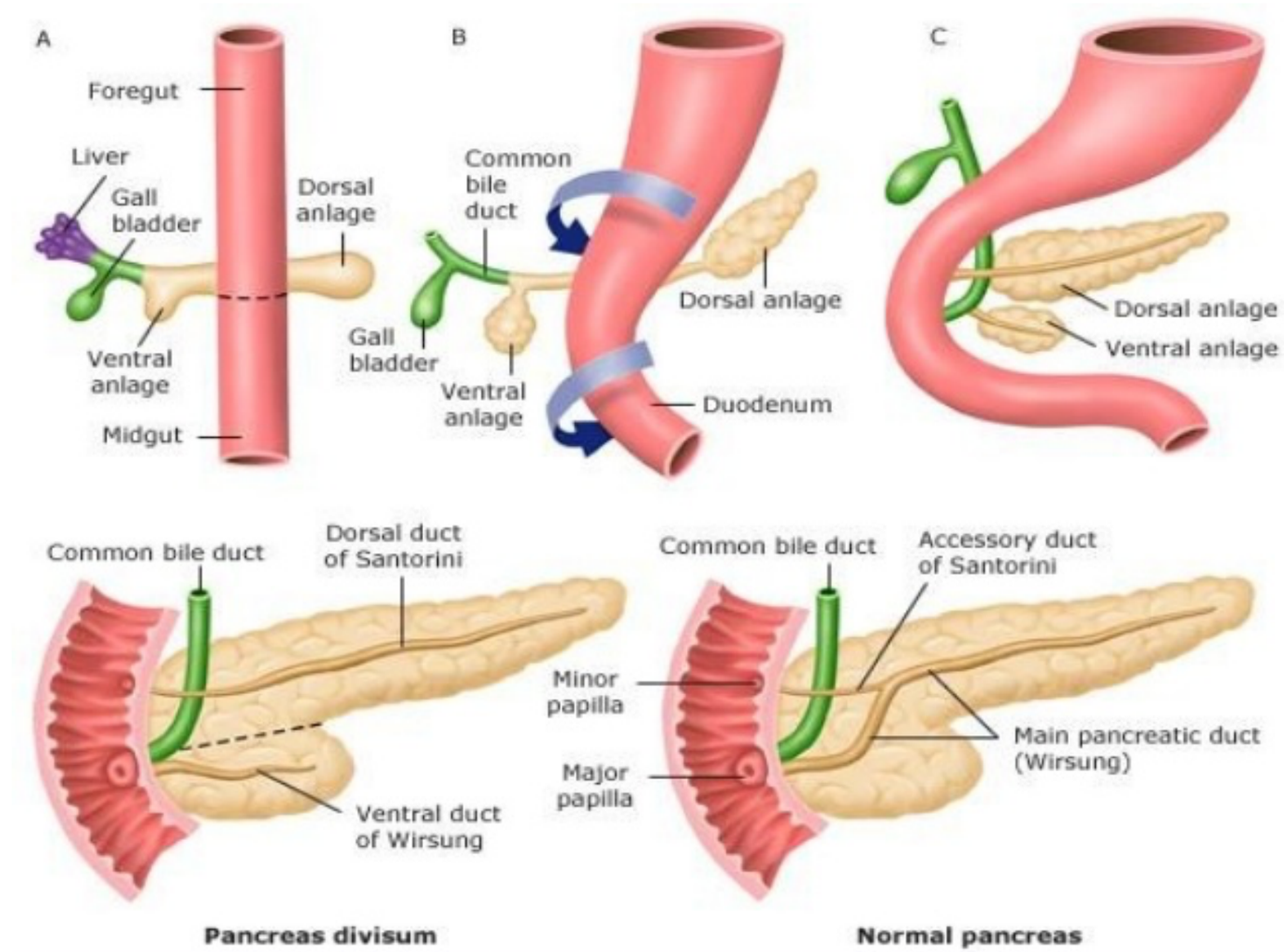
PANCREAS

DRA. MONICA CARRERA

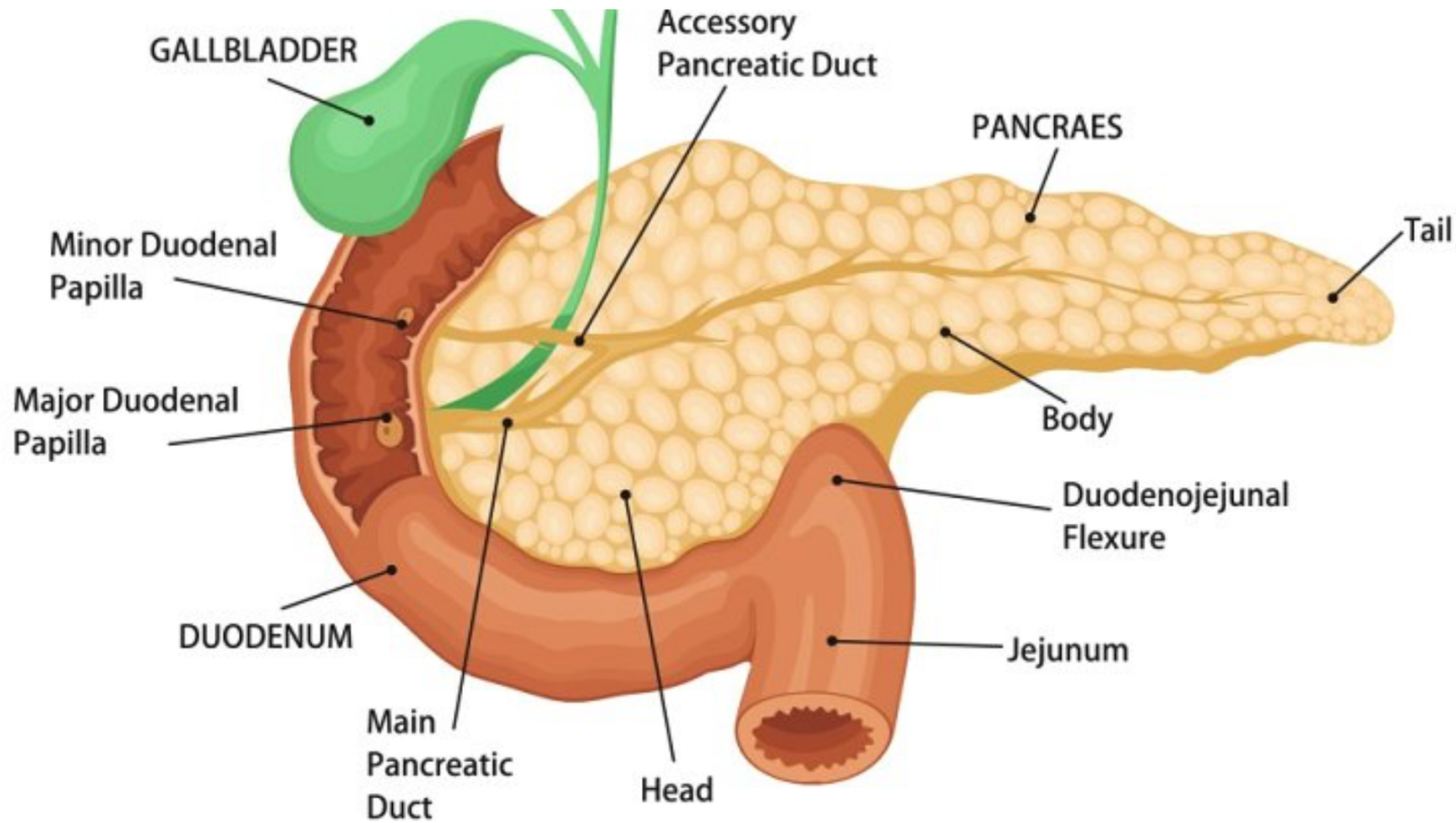
ENFERMEDADES DEL PÁNCREAS

- DESARROLLO A PARTIR DEL INTESTINO EMBRIONARIO
  - YEMA DORSAL
  - YEMA VENTRAL
- 4-7ª SDG



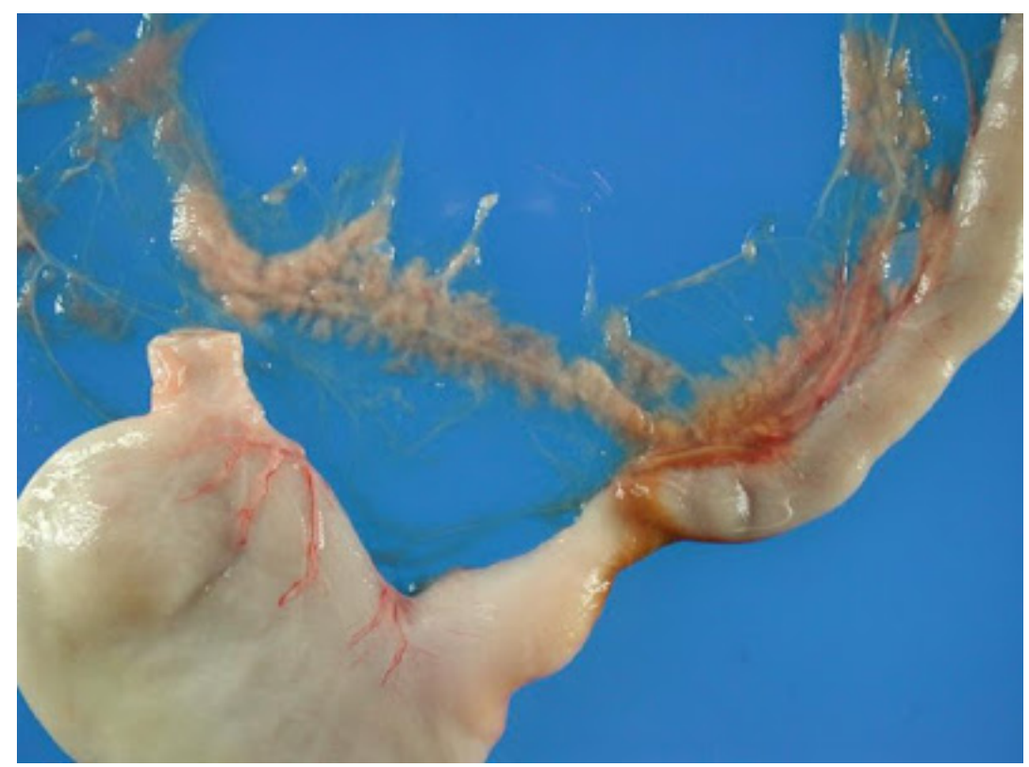
PÁNCREAS

- IMPAR
- CABEZA CUELLO, CUERPO, COLA
- RETROPERITONEAL
- 2ª Y 3ª VERTEBRAS LUMBARES
- 15-20 CM
- 85-120 g



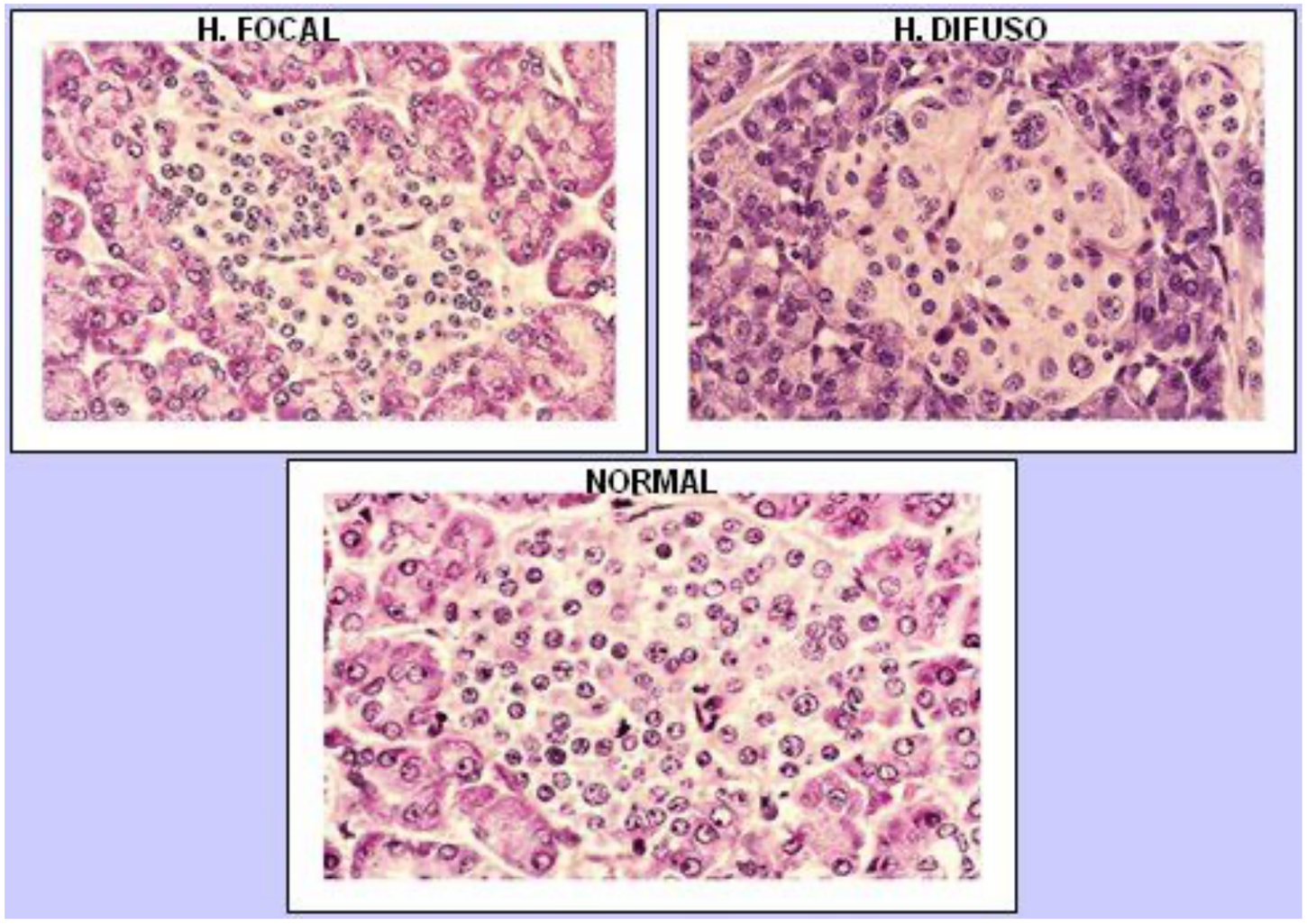
PÁNCREAS

- Endocrino y exócrino
- 8-10 SDG hasta 3 meses
- Alt congenital
  - agenesia
  - hipoplasia



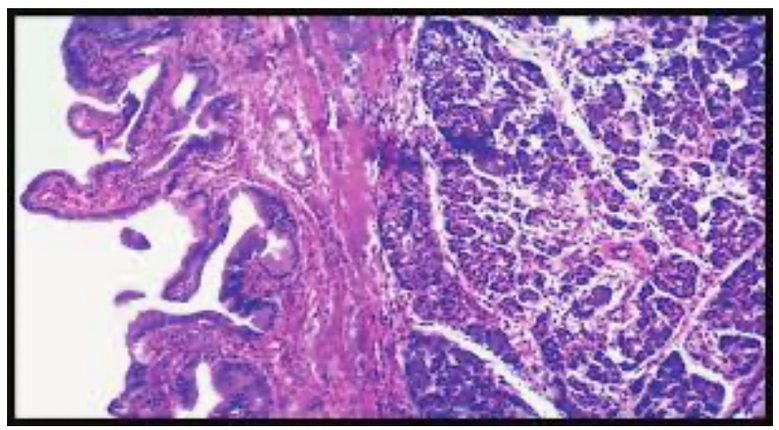
HIPERPLASIA

- AUMENTO TAMAÑO Y PESO
- PREDOMINIO DE TEJIDO ENDÓCRINO
- SD. B-W
- INFILTRACIÓN LEUCEMICA, INFLAMACIÓN O HEMATOPOYESIS EXTRAMEDULAR



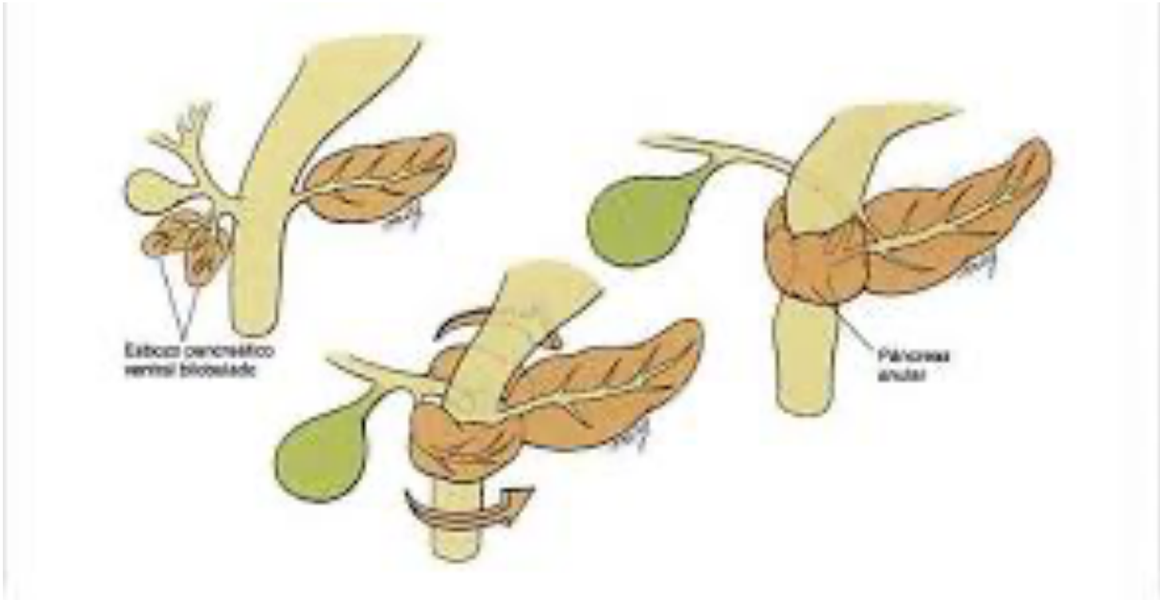
PANCRES HETEROTOPICO

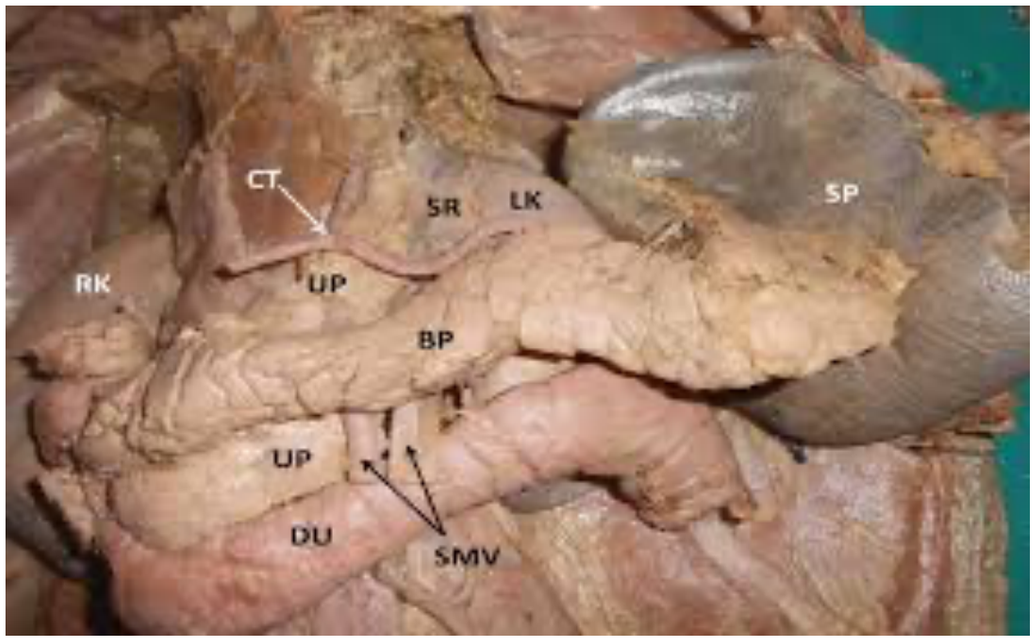
- PARED DE ESTÓMAGO
- ID (DIVERTICULO DE MECKEL)
- HALLAZGOS
- SUBSEROSOS, INTRAMURAL, POLIPOS
- >ASINTOMÁTICOS (MECANICO)
- HISTO = PANCREAS
- COMPLICACIONES INTUSUCEPCIÓN, PANCREATITIS, ADENOCA



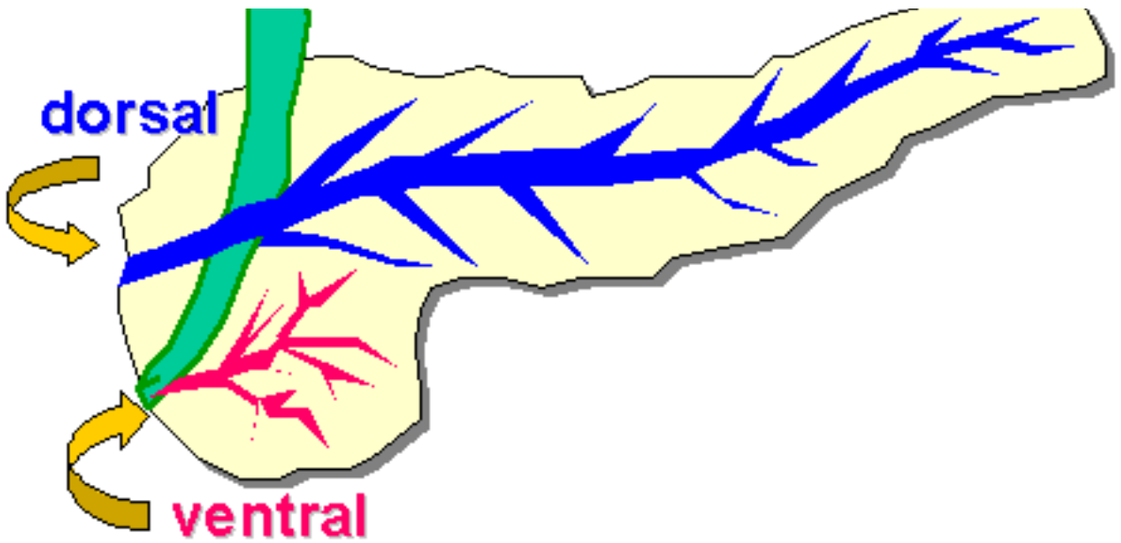
PANCREAS ANULAR

- ALTERACION DE LA MIGRACIÓN VENTRAL
- ASINTOMATICO
- OBSTRUCCIÓN PARCIAL O TOTAL
- EN NIÑOS ASOCIA A SD DE DOWN, ATRESIA ESOFAGICA, HERNIA DIAFRAGMÁTICA O ROTACIÓN ANL INTESTINAL

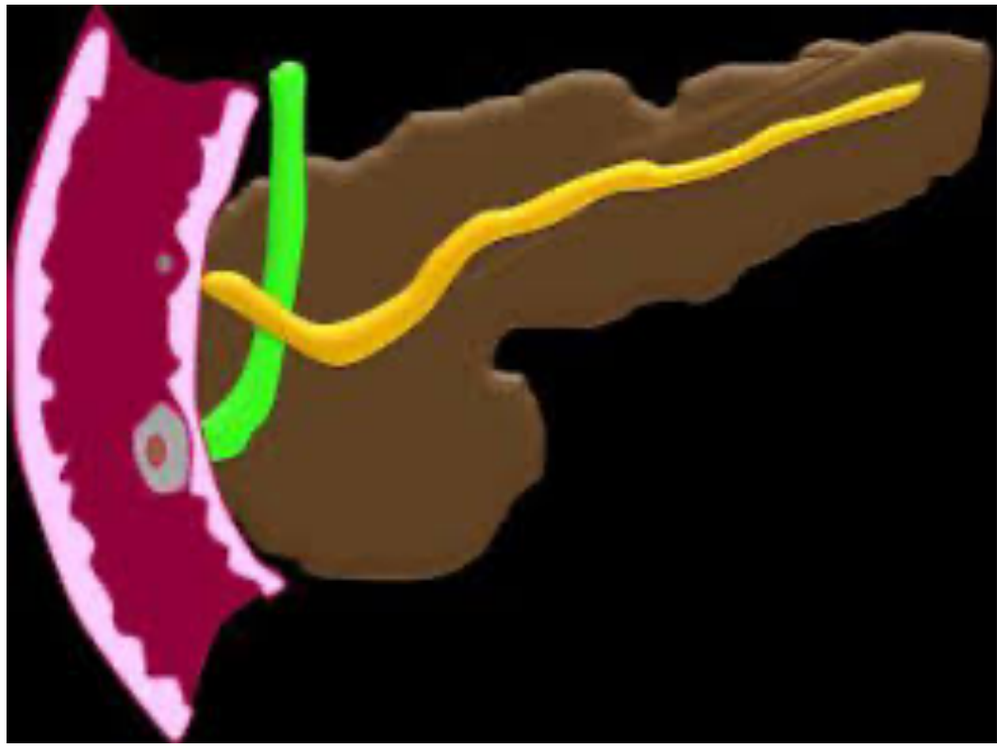




PANCREAS DIVIDIDO

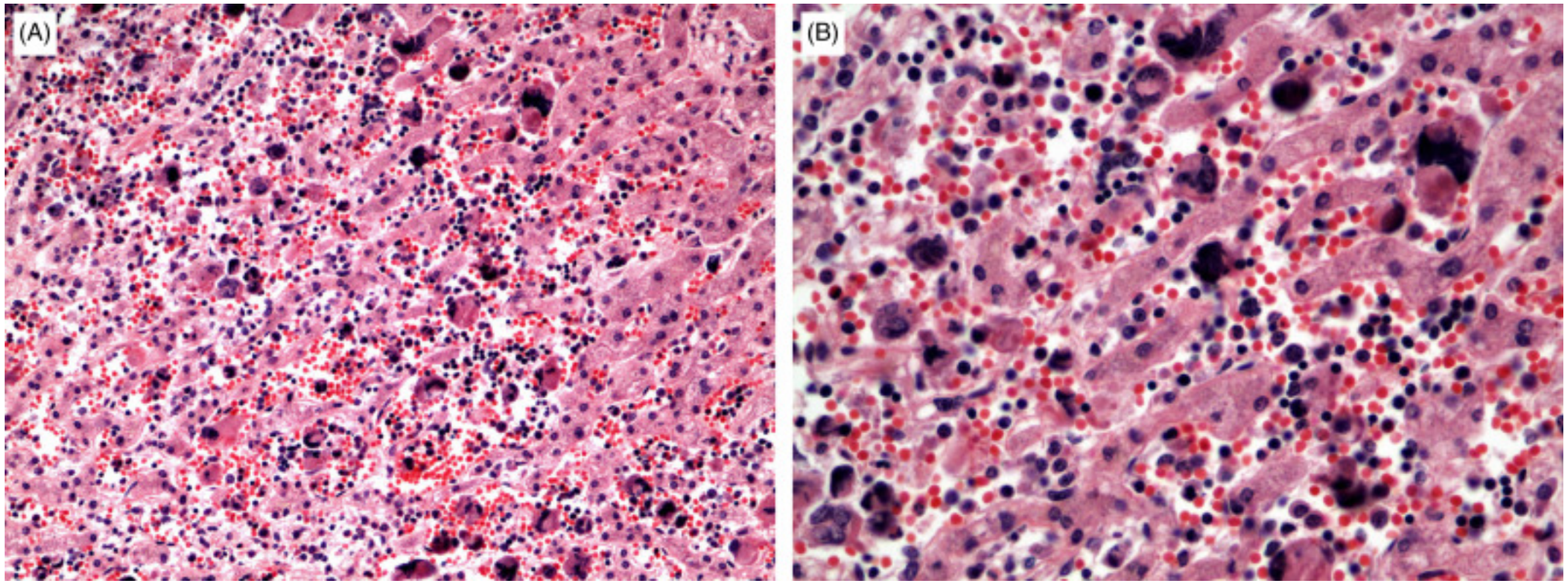


- SD. CONDUCTO DOMINANTE
- FALTA DE FUSION DE AMBOS CONDUCTOS
- ASINTOMÁTICA, PANCREATITIS X OBSTRUCCION AMPULAR (ESFINTEROTOMÍA)
- COINCIDENCIA CON GIST



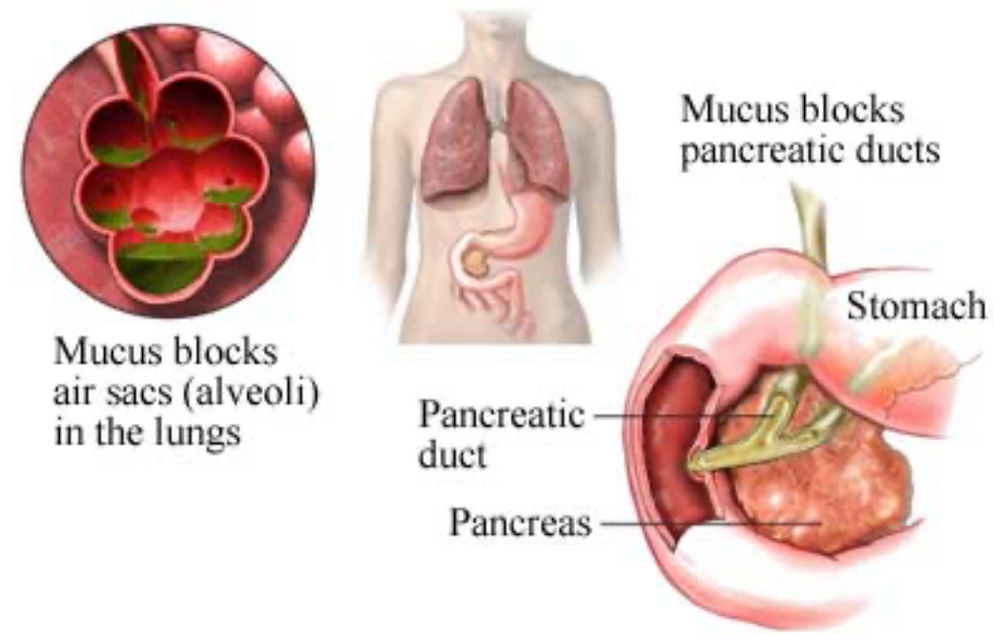
HEMATOPOYESIS EXTRAMEDULAR

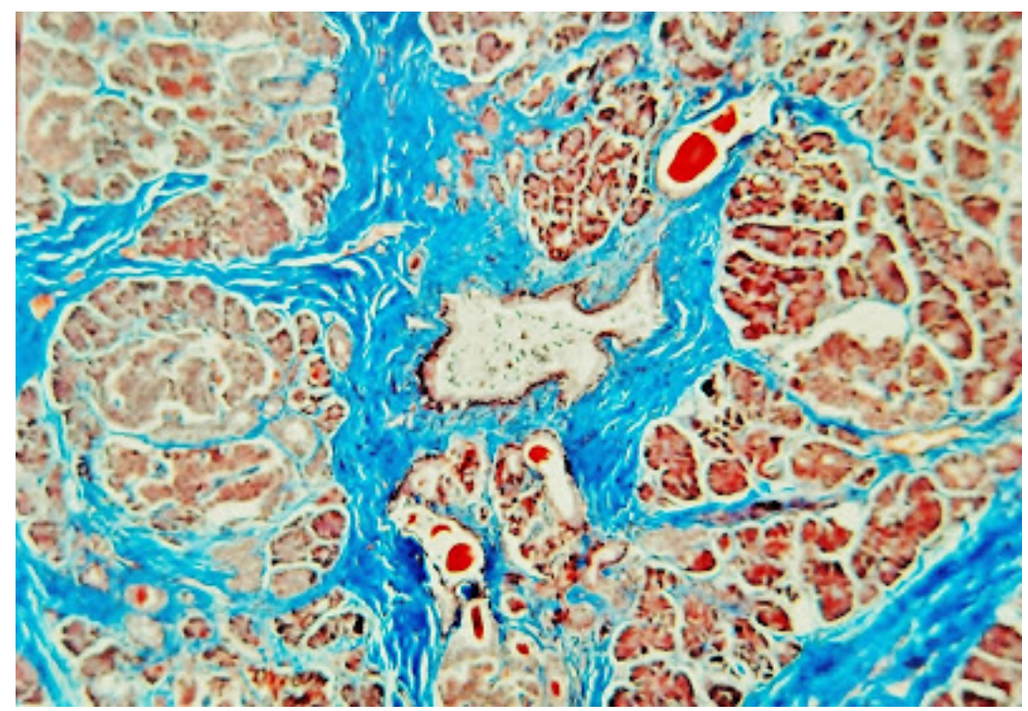
- NO ENFERMEDAD
- SITIO DE HEMATOPOYESIS EXTRAMEDULAR



FIBROSIS QUISTICA

- MUCOVISCIDOSIS
- 1 EN 2500 RN VIVOS
- CAUSA MAS COMUN DE INSUFICIENCIA PANCREÁTICA Y MALABSORCIÓN EN N IÑOS
- AUTOSOMINA RECESIVA
- ALT 7q
- MUTACION EN PROTEINA REGULADOR DE CONDUCCIÓN TRANSMEMBRANA DE FQ
- VARIAS MUTACIONES + FRECUETE EPSILON F508 (70%)
- DISMINUCIÓN DE LIQUIDO EN SECRECIONES MUCOSAS
- MACRO: FIBROSO, ATROFICO
- MICRO: DILATACION DE CONDUCTOS CON MOCO, FIBROSO ATROFICO
- DX DIFERENCIAL: DESHIDRATACION, SEPSIS, IC Y ACIDOSIS



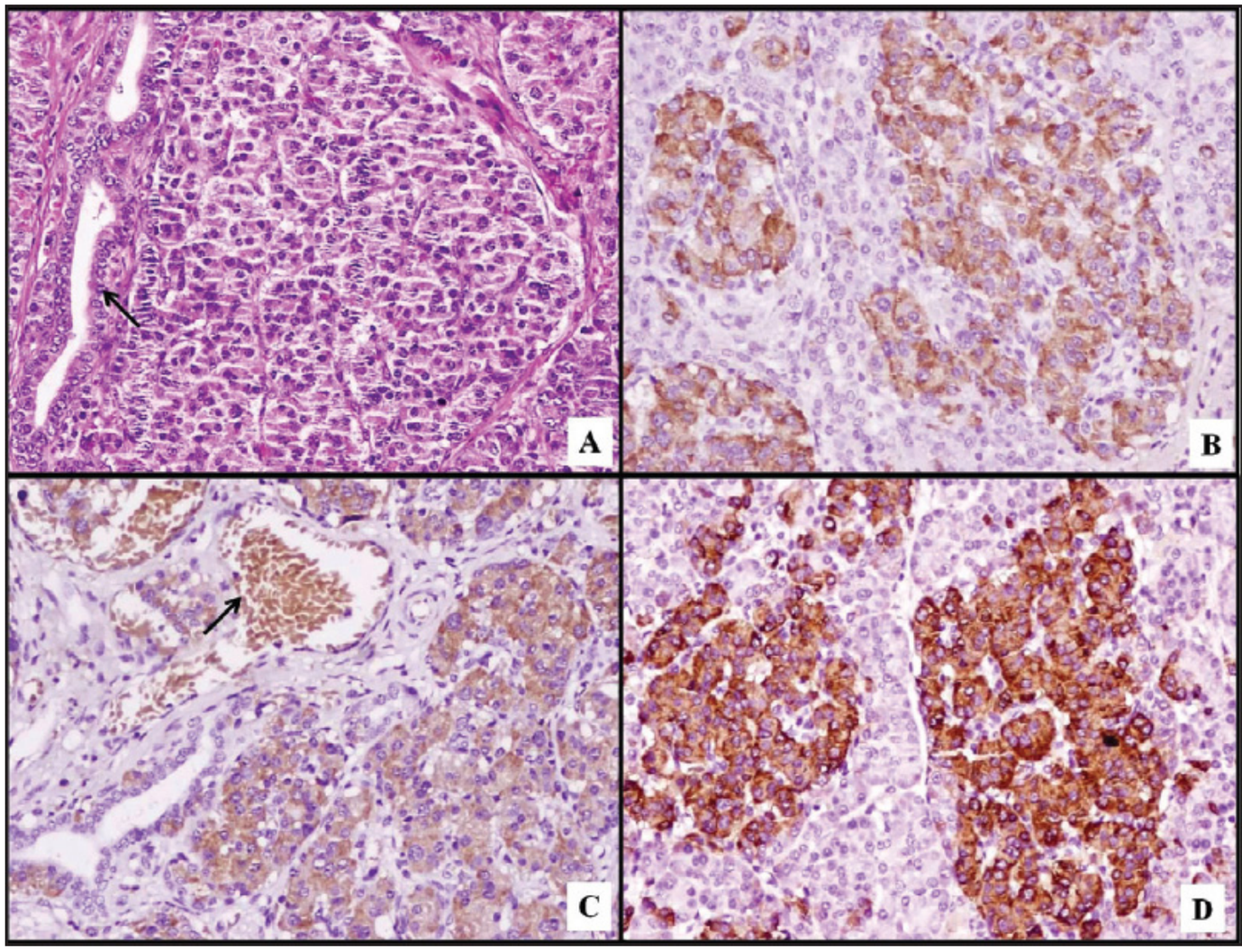


SD. SHWACHMAN-DIAMOND

- 2ª CAUSA + FRECUENTE DE IP
- AUTOSOMICA RECESIVA
- NIÑOS PEQUEÑOS, RETRASO CRECIMIENTO
- EVACUACIONES FETIDAS Y ESTEATORREA
- DISMINUCIÓN TRIPSINA, AMILASA Y LIPASA
- ELECTROLITOS EN SUDOR NORMAL (DX DIF FQ)
- ASOC A TROMBOCITOPENIA Y ANEMIA50%
- DEFICIENCIA DE Igs, DIENTES ANLS, ALT FUNCION RENAL, ALGUNOS LEUCEMIA
- PANCREAS TAMAÑO NORMAL
- HISTO SUSTITUCION GRASA
- CAUSA DESCONOCIDA, MUT GEN SBDS (Cr7)

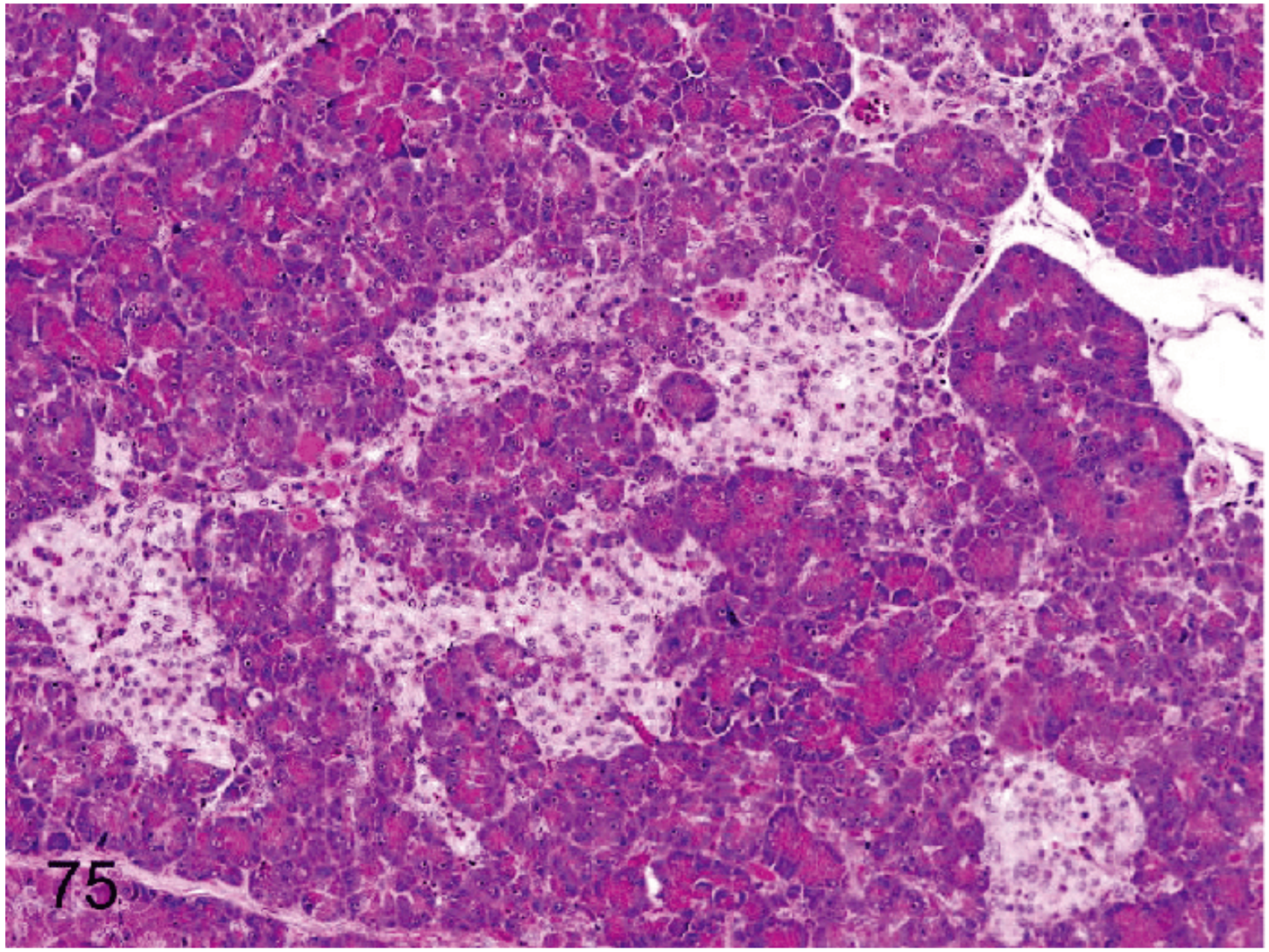
HIPERPLASIA E HIPERTROFIA DE ISLOTES DE LANGERHANS

- Hijos de madres diabéticas
- Pacientes con sd B-W, nesidioblastosis, sd. Zellweger, tirosinemia y NEM 1, pacientes con nutrición parenteral muy prolongada
- Aumento en numero y tamaño de islotes
- Histo: Hipertrofia e hiperplasia, fibrosis periinsular, insulinitis eosinofílica
- RN macrosómicos, largo periodo gestacional, órganos grandes.



HIPERINSULINISMO Y NESIDIOBLASTOSIS

- SINTOMAS AL ESTADO PERSISTENTE DE HIPOGLUCEMIA
- 50% <1a CON HIPOGLUCEMIA PERSISTENTE SIN RESPUESTA A TRATAMIENTO
- HISTO: CEL NEUROENDÓCRINAS MUY RELACIONADAS CON CONDUCTOS
- ISLOTES GRANDES

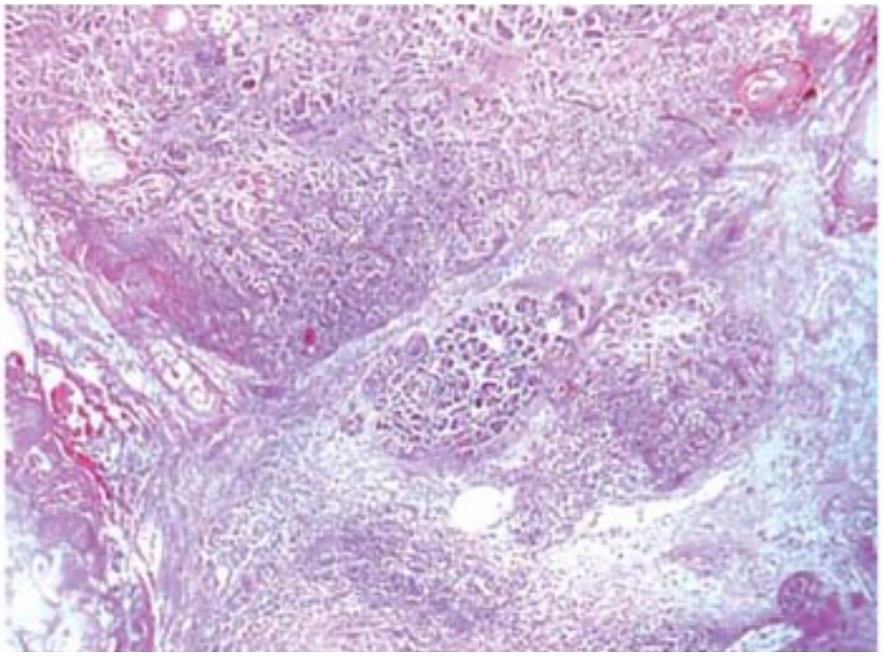


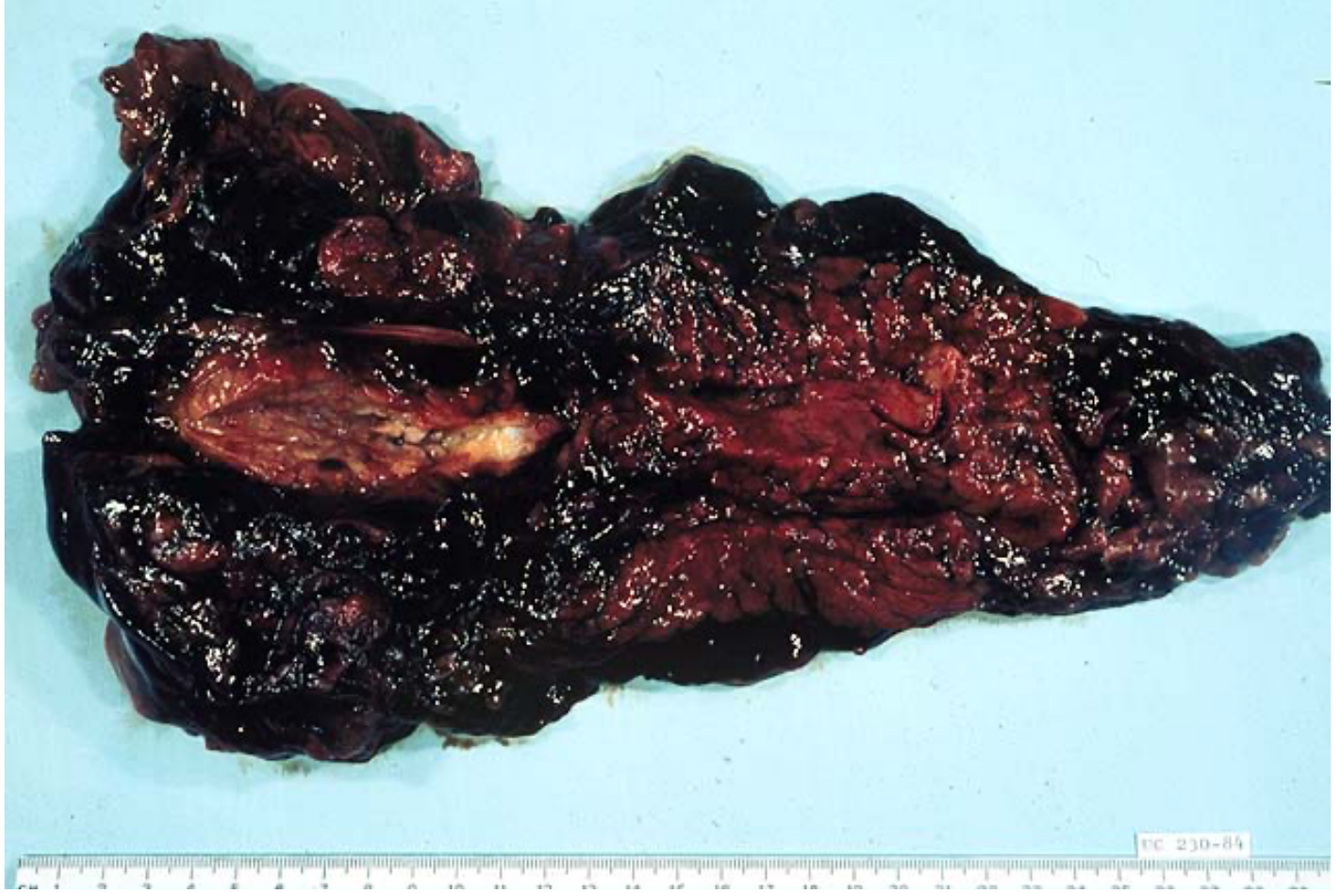
PANCREATITIS

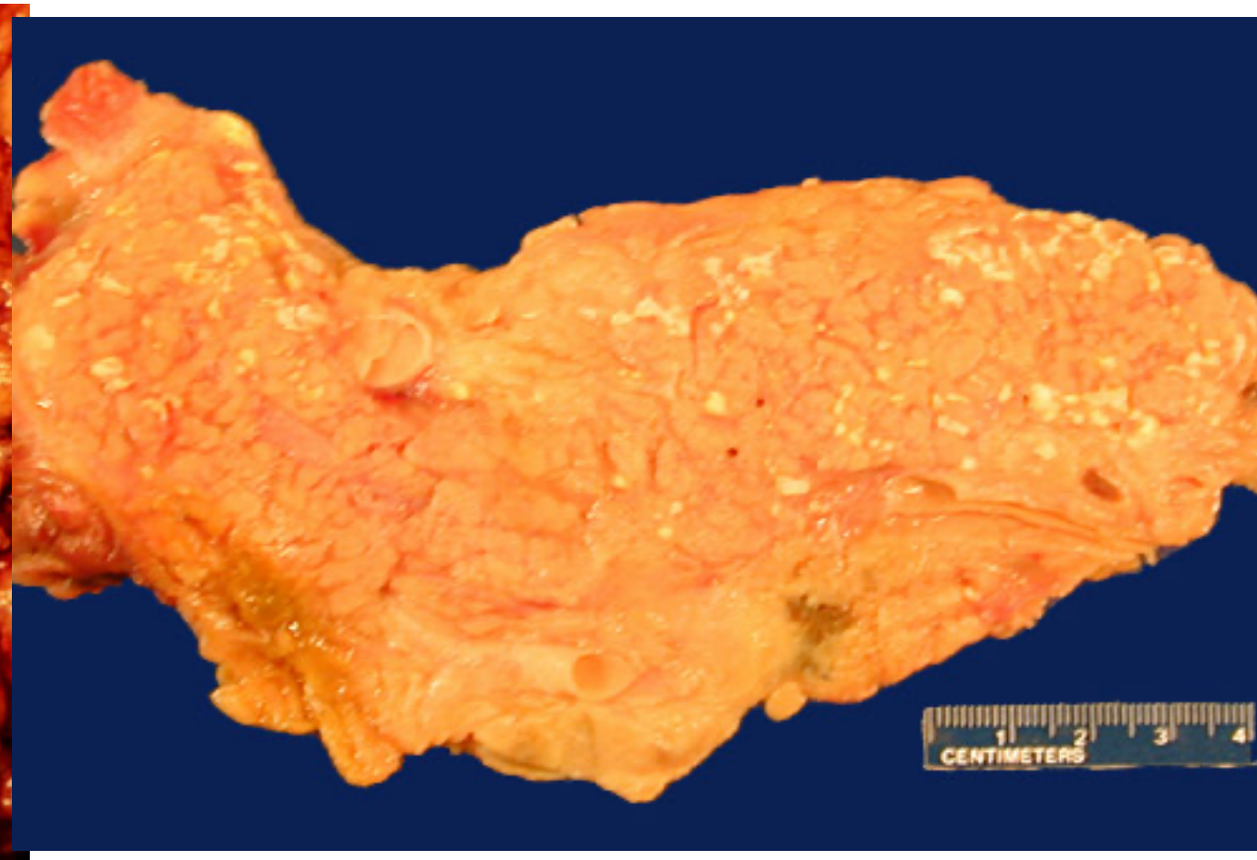
- INFLAMACION DEL PÁNCREAS
- ACTIVACION DE ENZIMAS
- DAÑO INTRÍNSECO
  - AGUDO
  - CRONICO

PANCREATITIS AGUDA

- LX AUTOLIMITADA, REVERSIBLE
- EDEMA, NECROSIS GRASA PERIPANCREÁTICA
- ENZIMAS LIPOLITICAS COMBINADAS CON CALCIO
- NECROSIS, DESTRUCCIÓN, VASOS SANGUINEOS Y HEMORRAGIA
- CALCULOSBILIARES PPAL ETIOLOGIA
- ALCOHOLISMO
- DOLOR EPIGASTRICO IRRADIADO A LA ESPALDA (FAJA)
- ELEVACION DE LIPASA Y AMILASA
- 80% LIMITA Y RECUPERA 2-3 DÍAS
- 20% EVOLUCIÓN GRAVE



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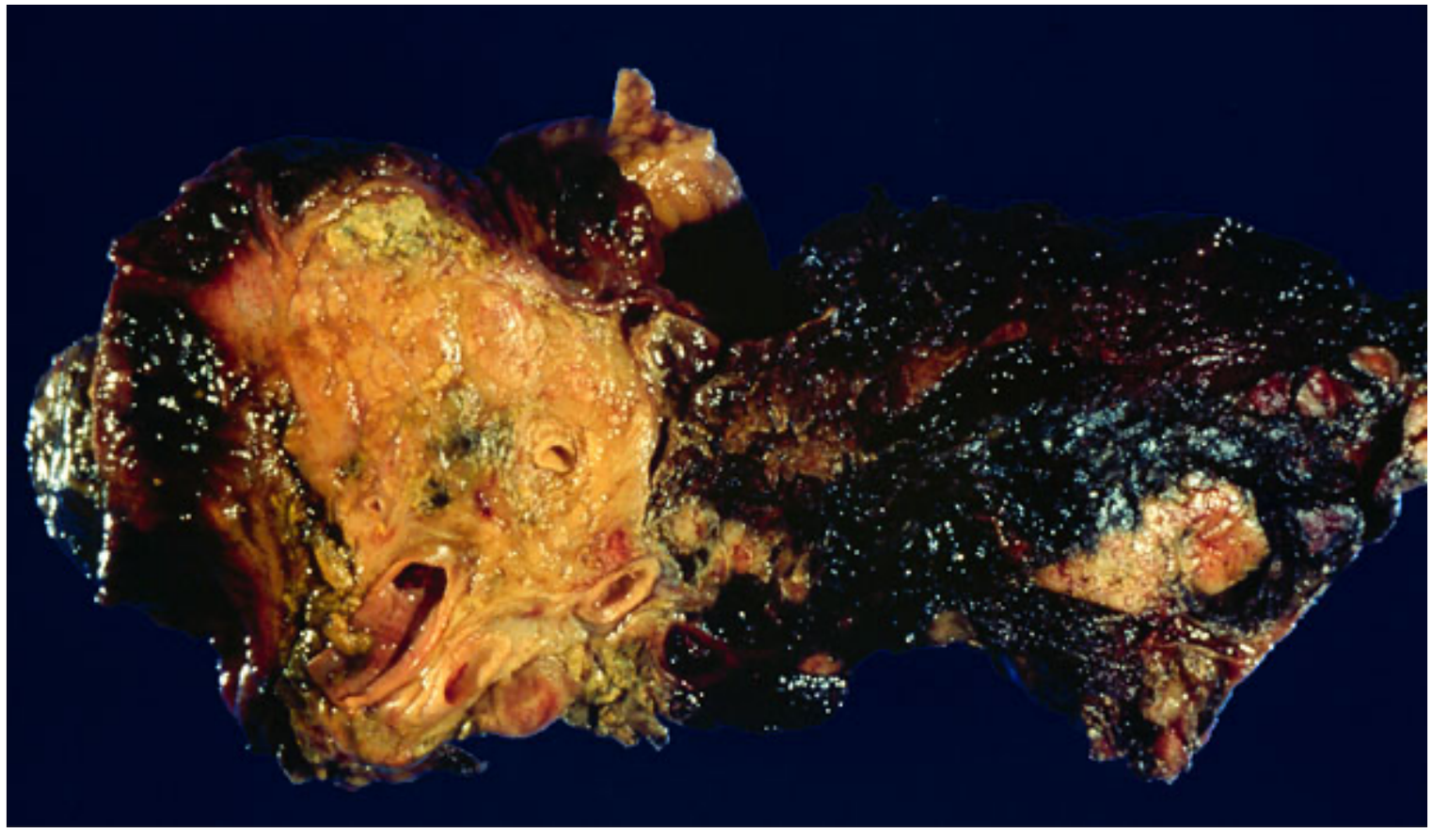
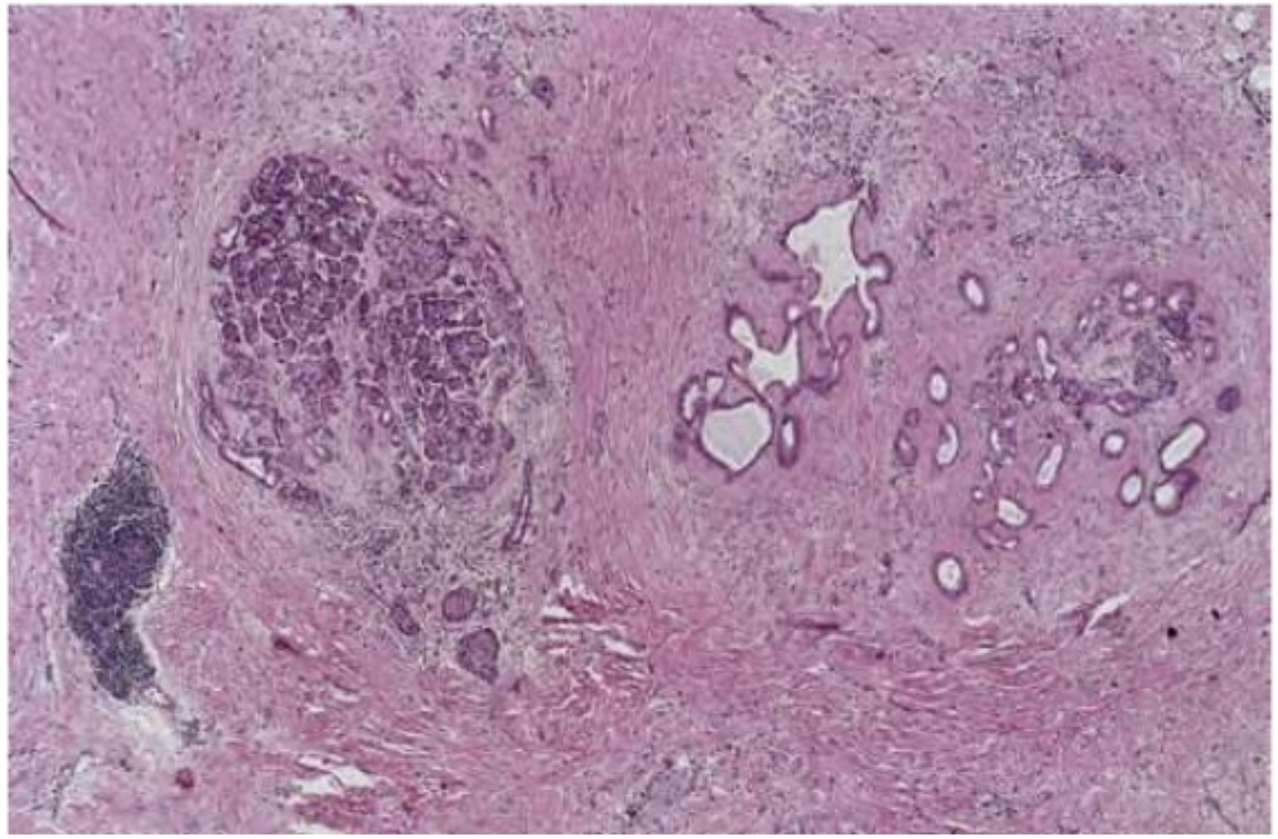
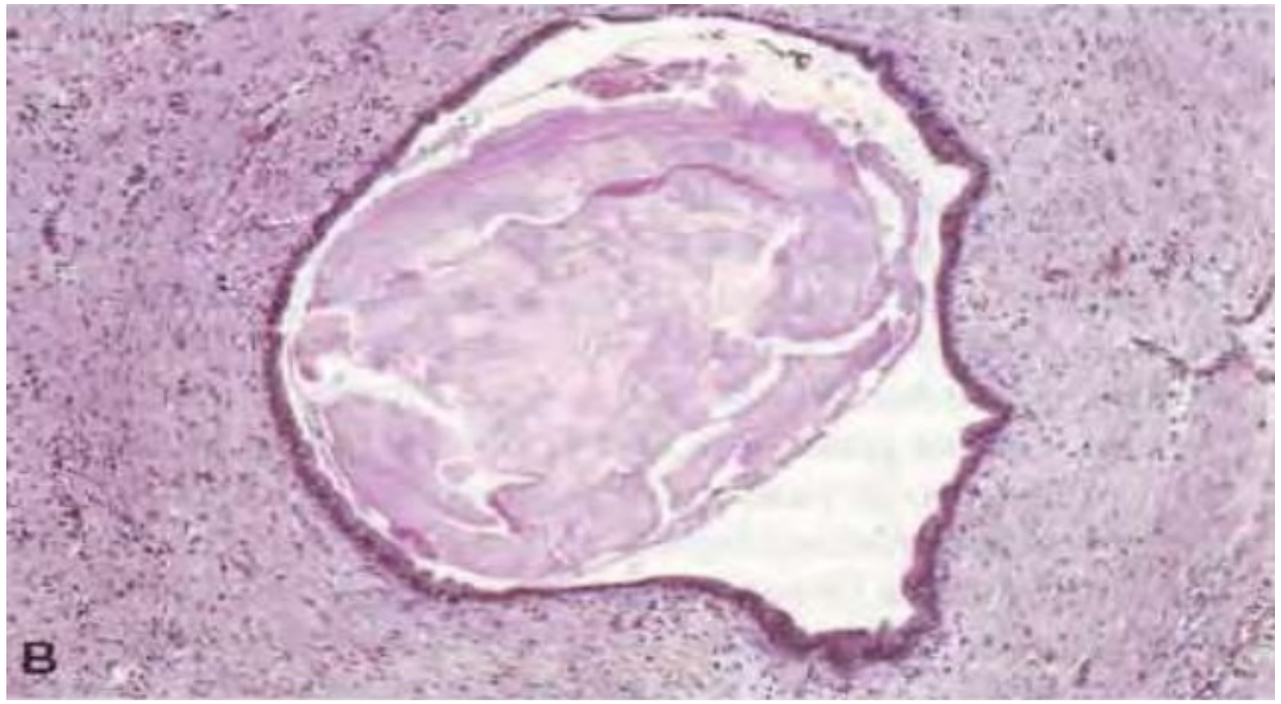
CENTIMETERS



PANCREATITIS CRÓNICA

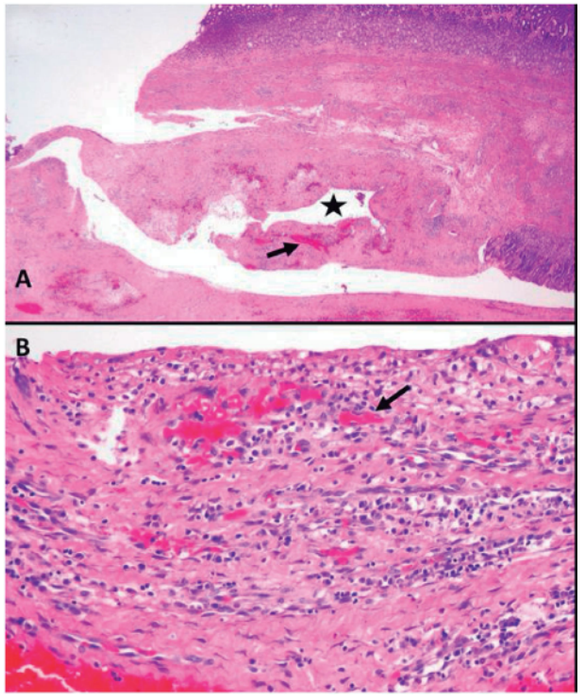
- CUADROS REPETIDOS DE PANCREATITIS
- FIBROSIS
- PERDIDA DE LA FUNCIÓN
- DOLOR ABDOMINAL, DIABETES, PERDIDA DE GRASA EN HECES, FORMACION DE PSEUDOQUISTES
- CAUSA PPAL ABUSO DE ALCOHOL, OBSTRUCCION PROLONGADA
- HEREDITARIA MUTACION DE PRSS1 Y SPINIK1

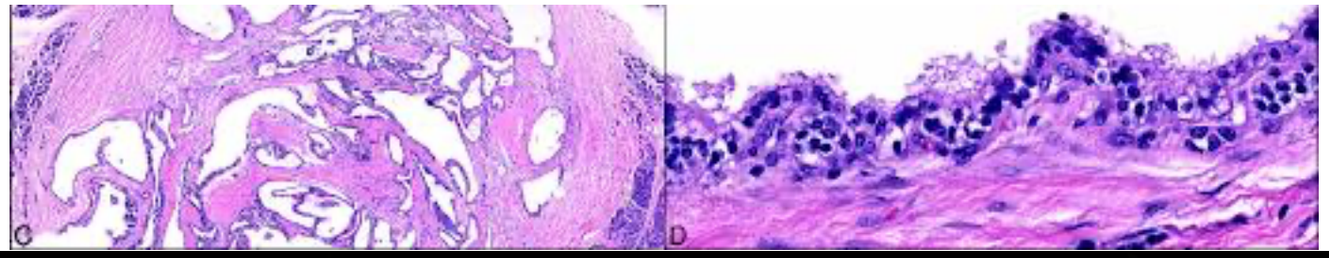




QUISTES Y PSEUDOQUISTES

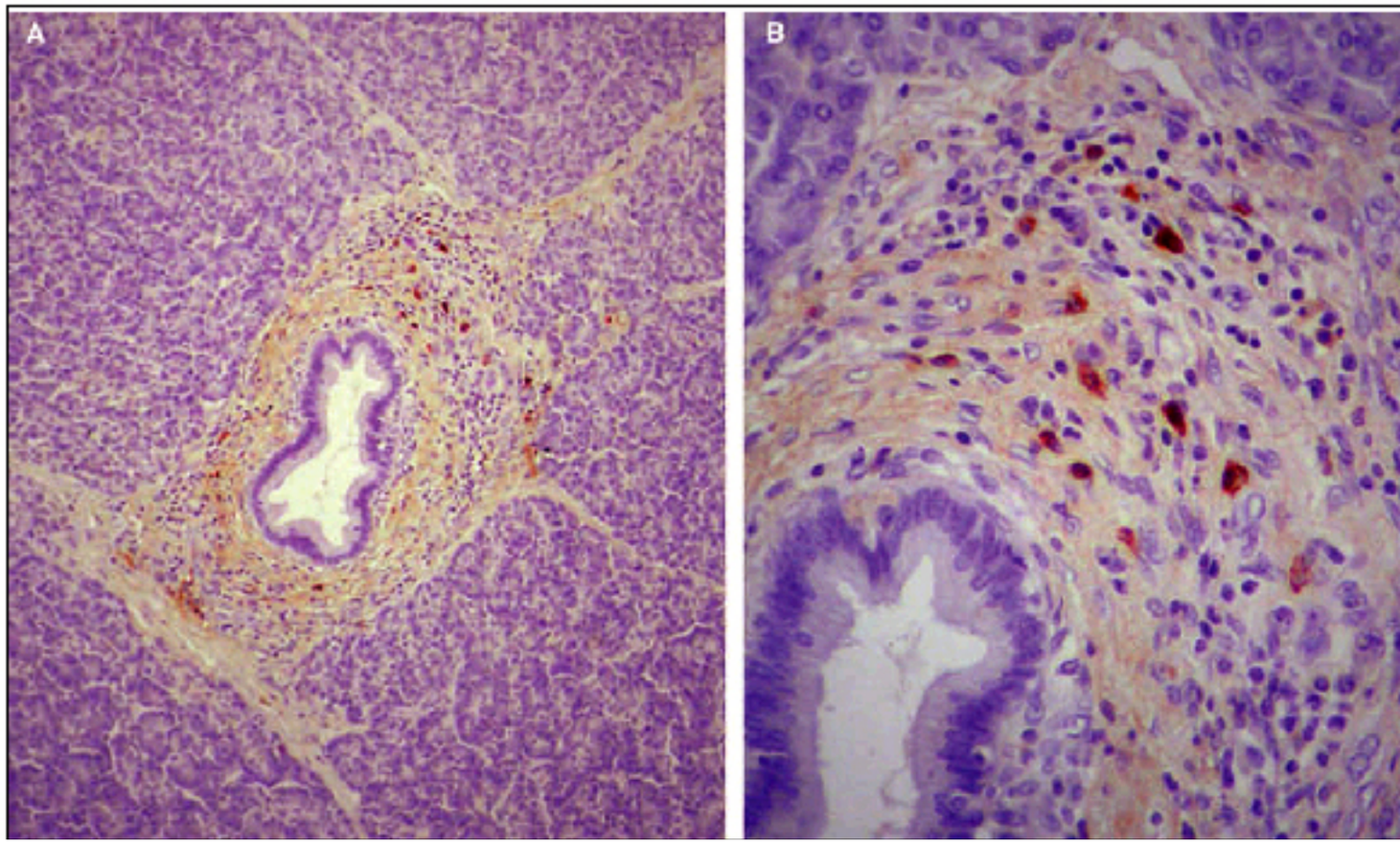
- PSEUDOQUISTES.
- ANTECEDENTE PANCREATITIS, TRAUMA, OBSTRUCCION
- GRAN TAMAÑO
- MULTIPLES EN 15%
- SIN REVESTIMIENTO EPITELIAL
- PERFORACION Y HEMORRAGIA
- INVOLUCRO DE ARTERIA MESENTERICA SUPERIOR (CAUSA DE MUERTE SUBITA)
- QUISTES VERDADEROS
- CONGENITOS CON REVESTIMIENTO EPITELIAL (OTROS ORGANOS)
- SD VON HIPPEL-LINDAU
- QUISTE CONGENITO LINFOEPITELIAL
- OTROS: RETENCIÓN, TRANSFORMACIÓN ACINAR, REGION PERIAMPULAR, DUODENO, ENTEROGENOSS, DERMOIDES Y MUCINOSO NO NEOPLÁSICO

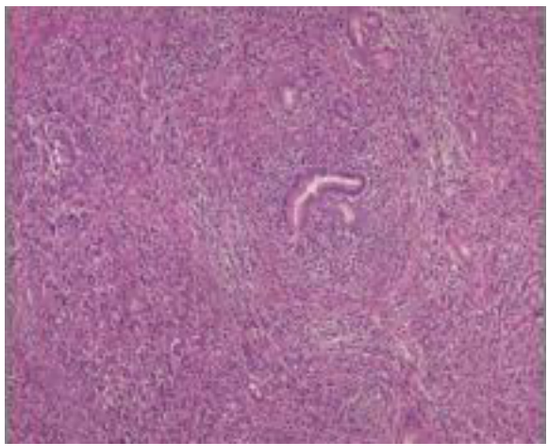




PANCREATITIS ESCLEROSANTE LINFOPLASMOCITARIA

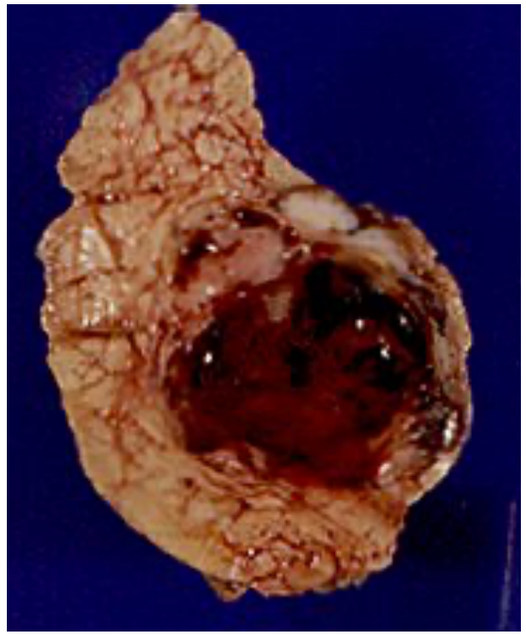
- ADULTOS 4ª Y 6ª DECADA
- AUTOINMUNE
- RESPUESTA A ESTEROIDES
- MAS HOMBRES
- TUMOR EN CABEZA DE PANCREAS SIMULA TUMOR
- TEJIDO FIBROSO, INFLAMACIÓN LINFOPLASMOCITICO, VENULITIS Y PERIVENULITIS
- PUEDE EXTENDERSE A VB
- ELEVACION DE IgG4

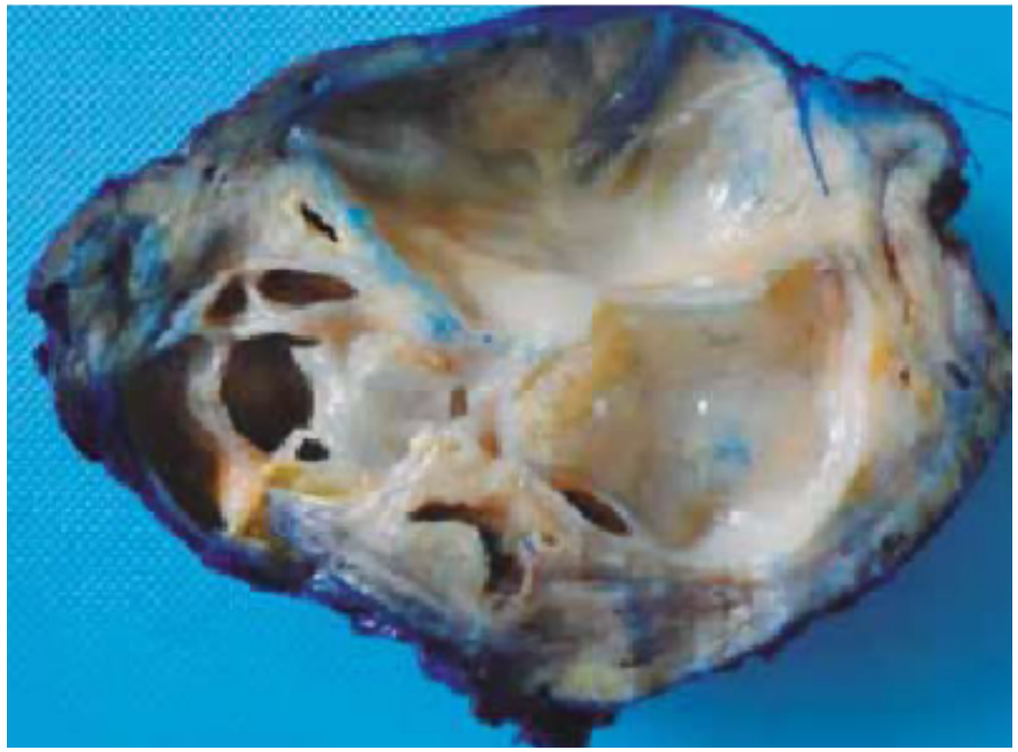


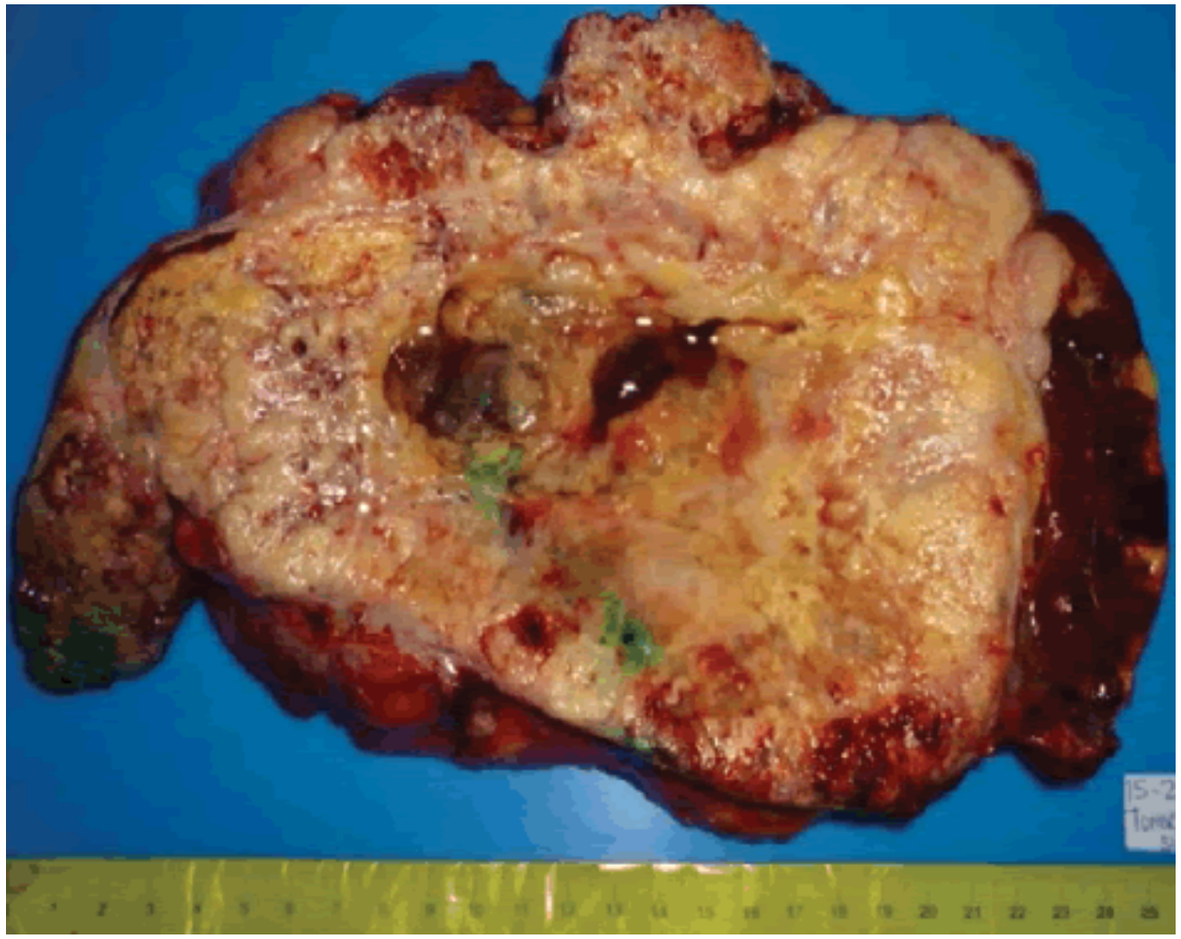


NEOPLASIA

- NEOPLASIA QUISTICAS
- CARCINOMA DE PÁNCREAS
- PANCREATOBLASTOMA

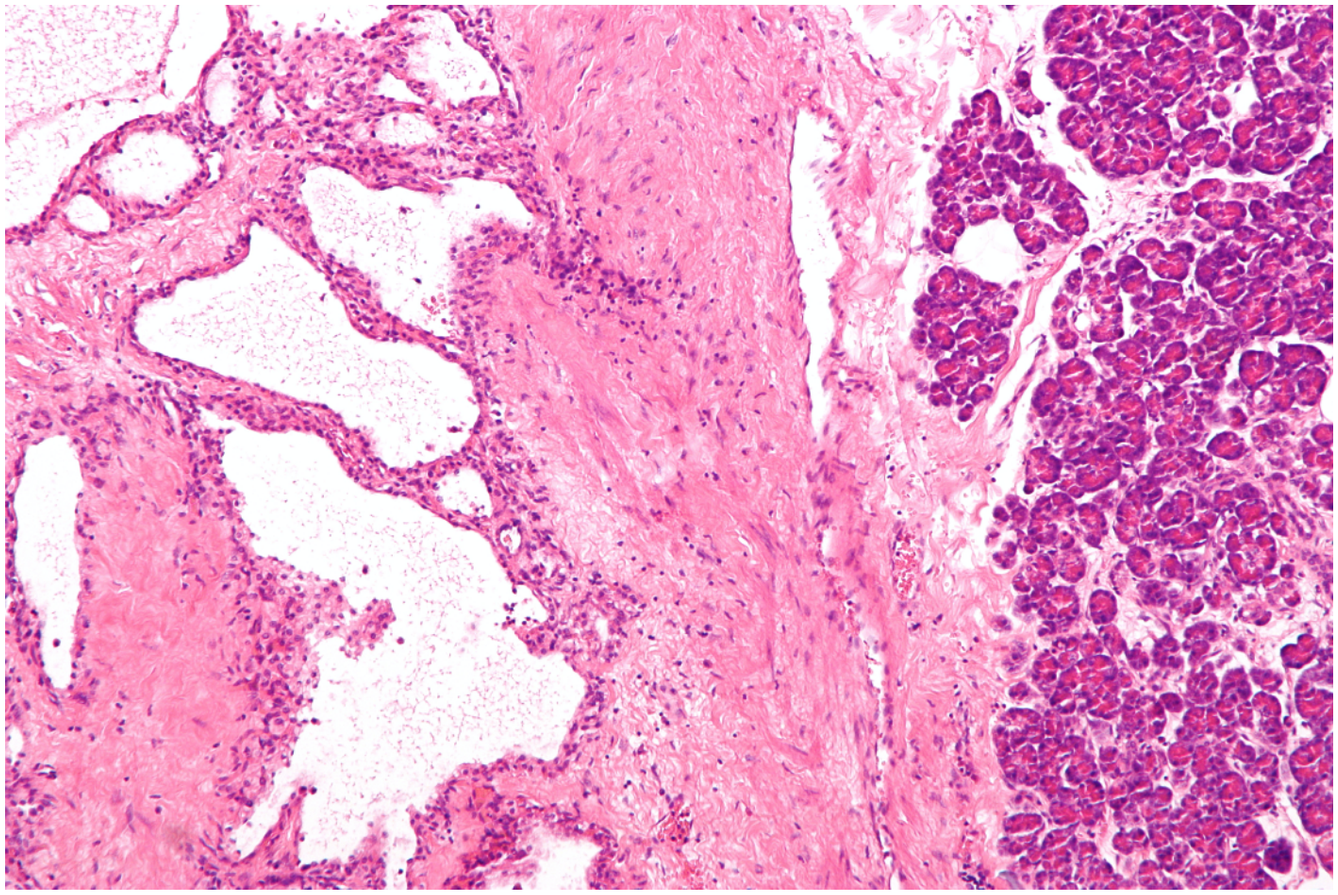


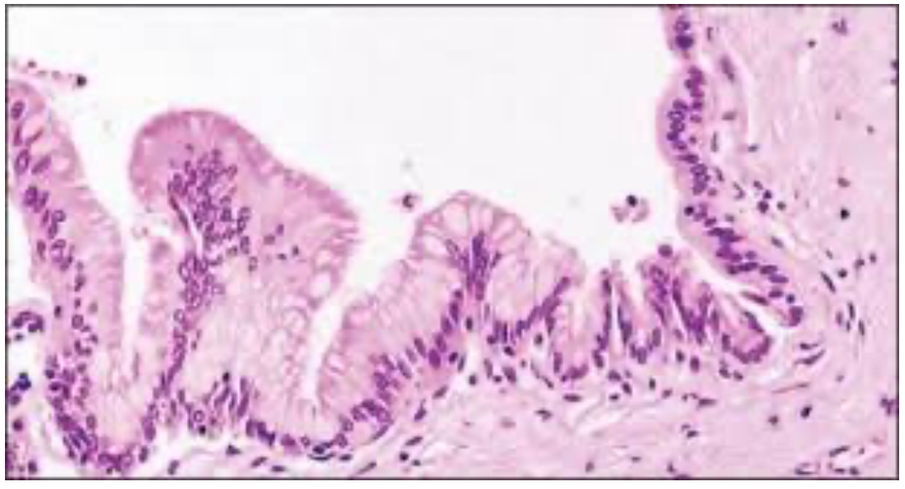


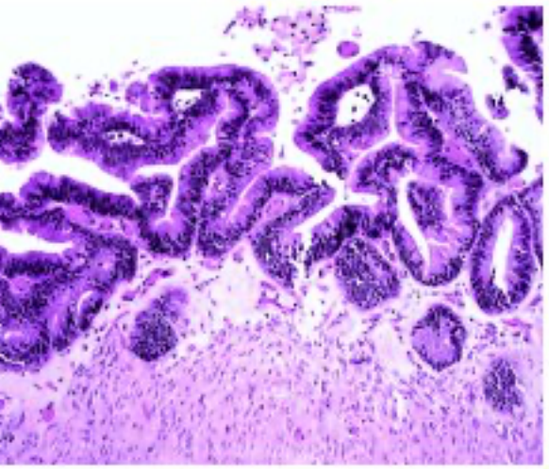


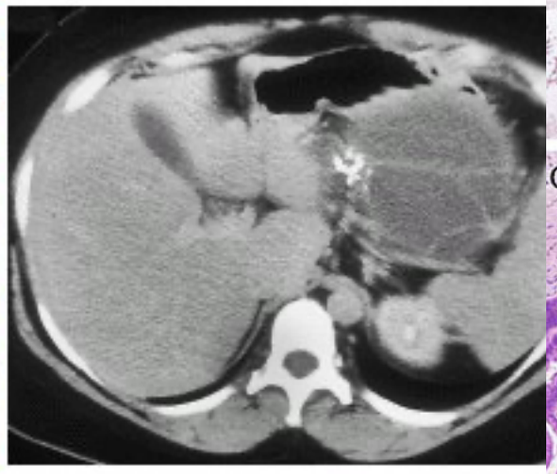
NEOPLASI QUISTICAS

- <5%
- CISTADENOMA SEROSO BENIGNO
- NEOPLASIA MUCINOSA QUISTICA BENIGNA, LIMITROFE Y MALIGNA
- NEOPLASIA MUCINOSA INTRADUCTAL PAPILAR
- TUMOR SOLIDO QUISTICO PSEUDOPAPILAR









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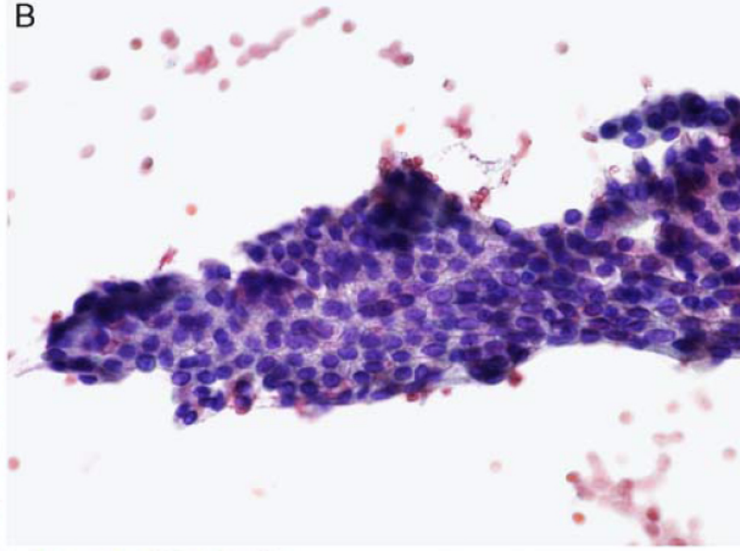
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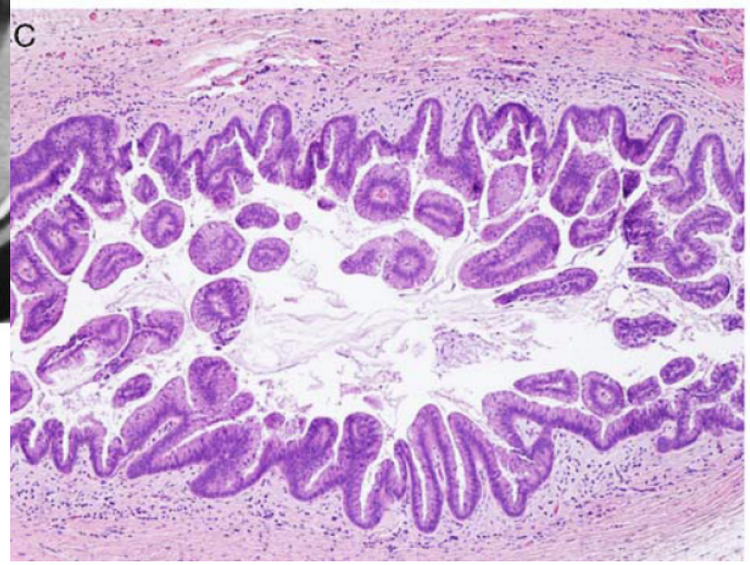
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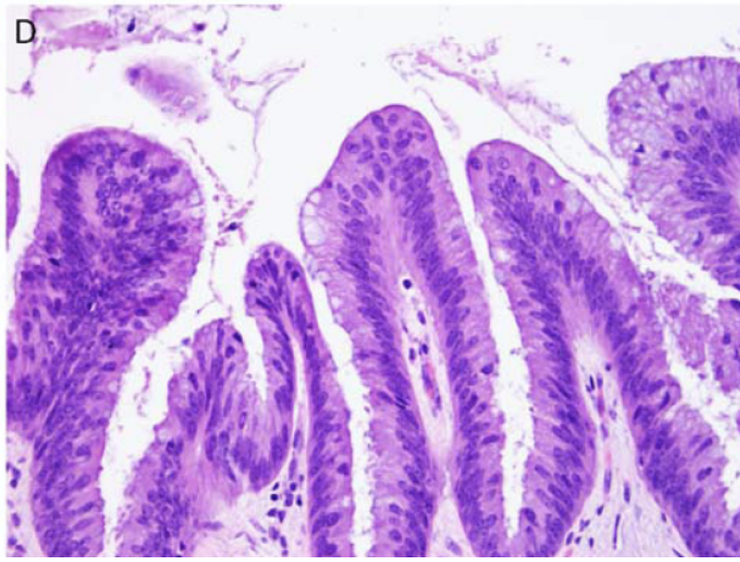
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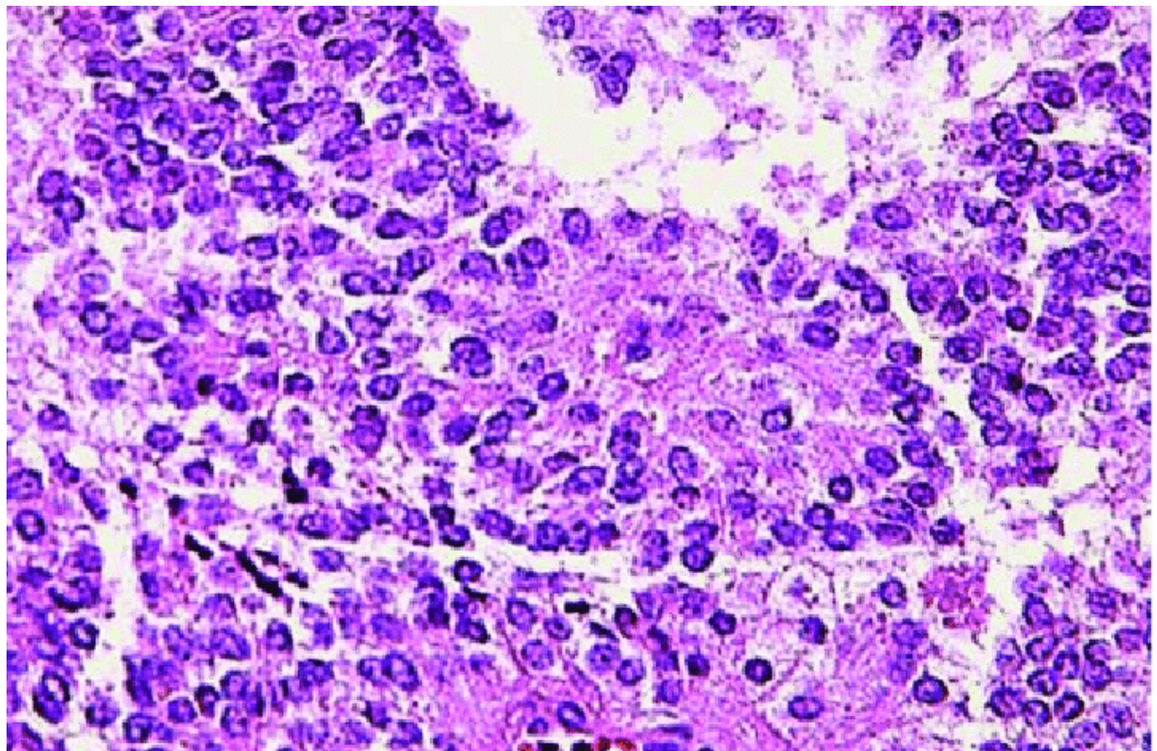
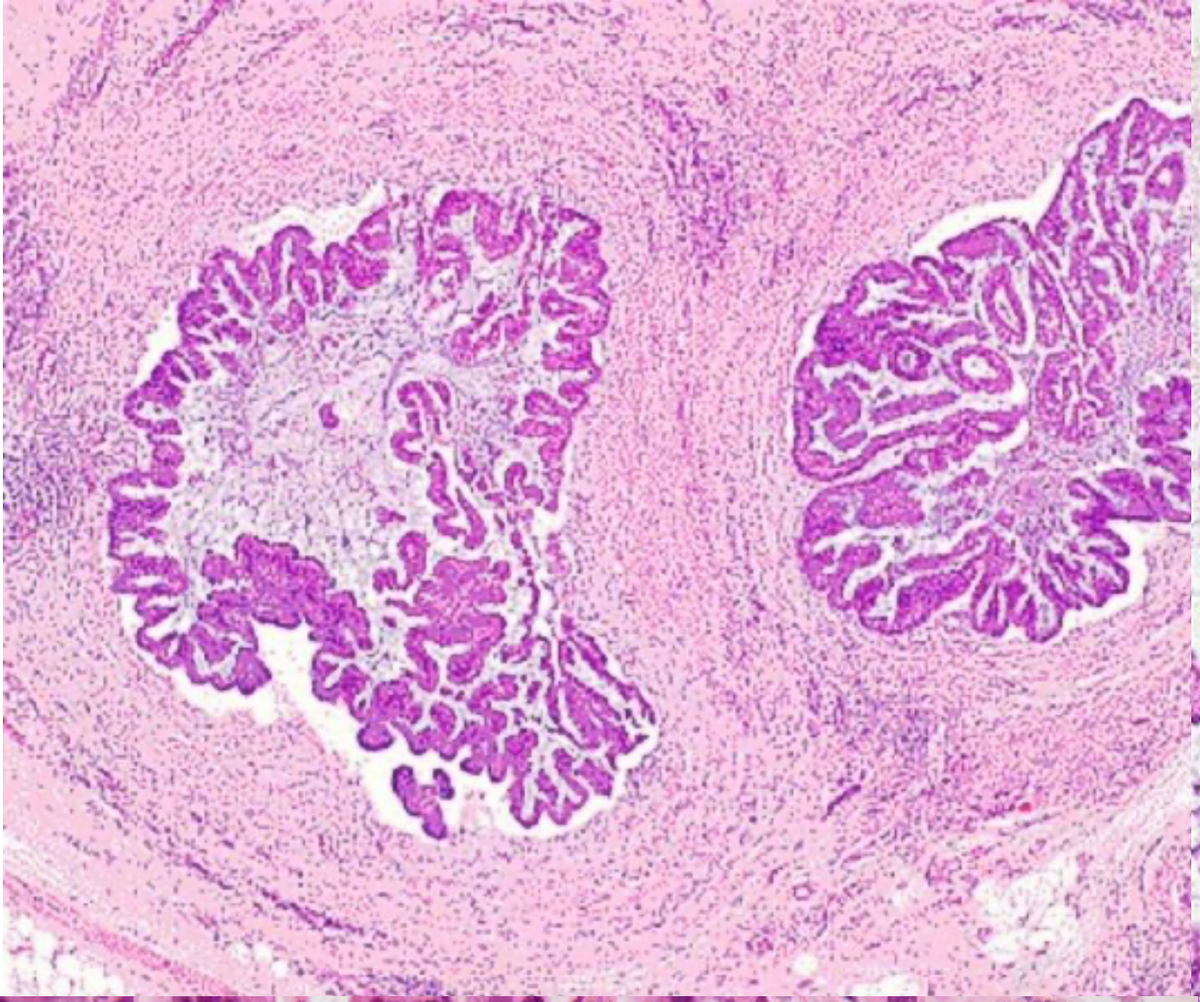
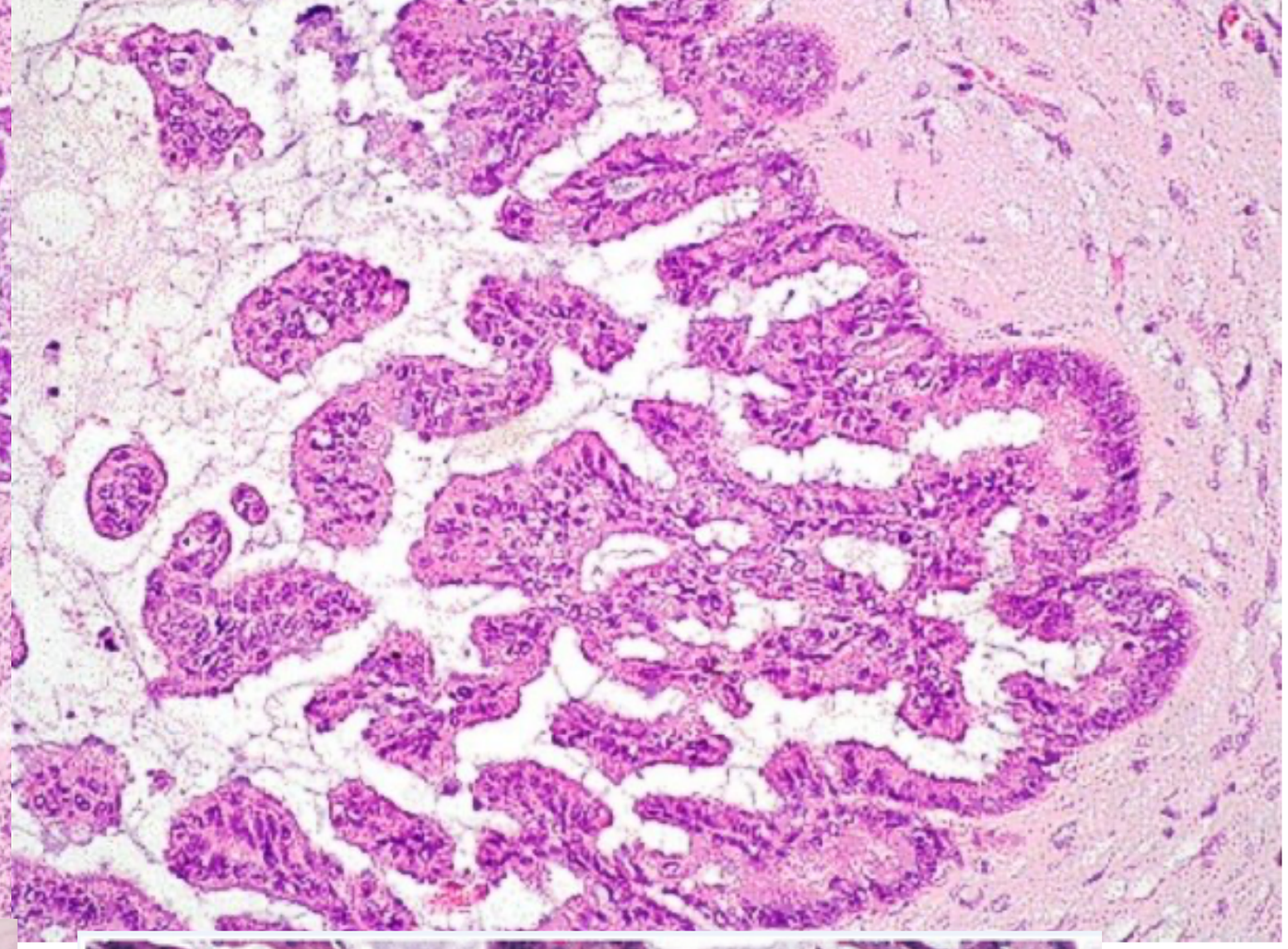
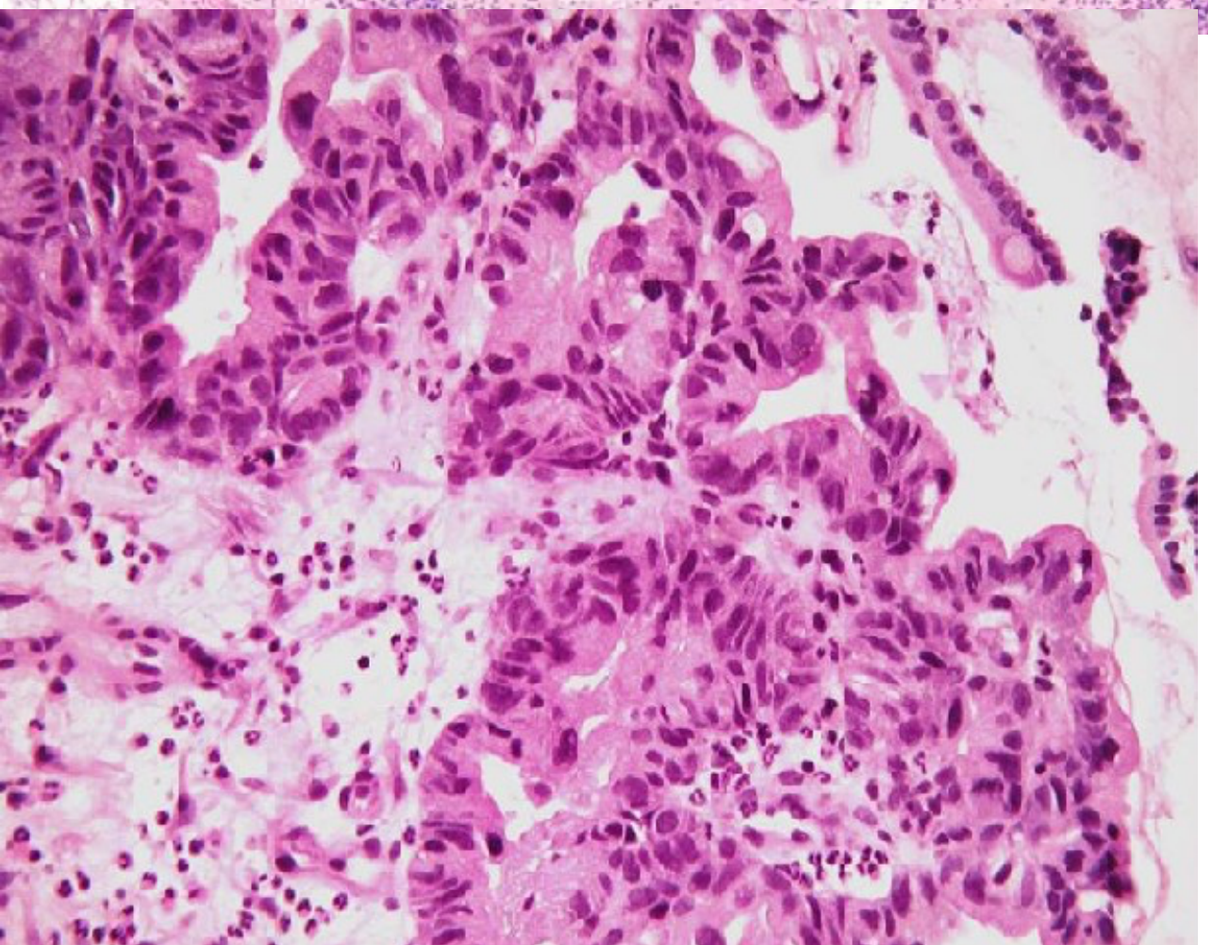
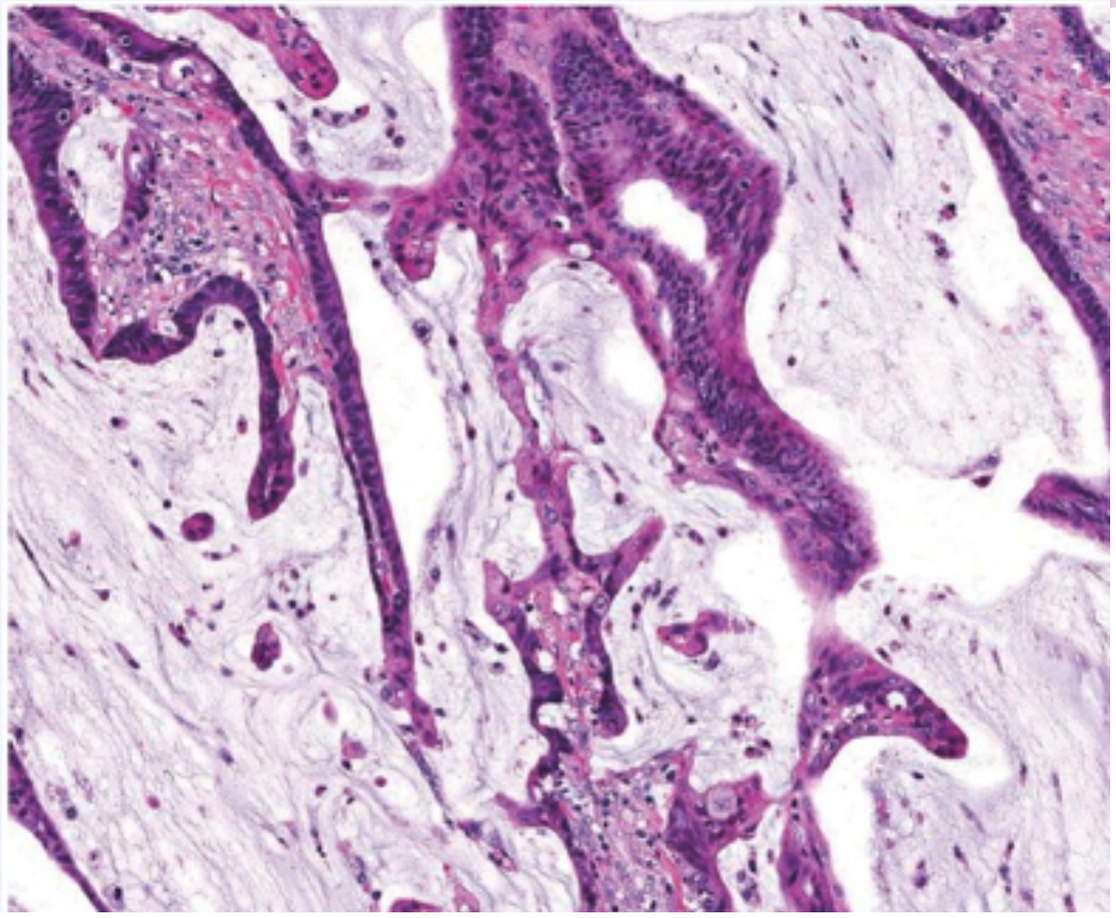




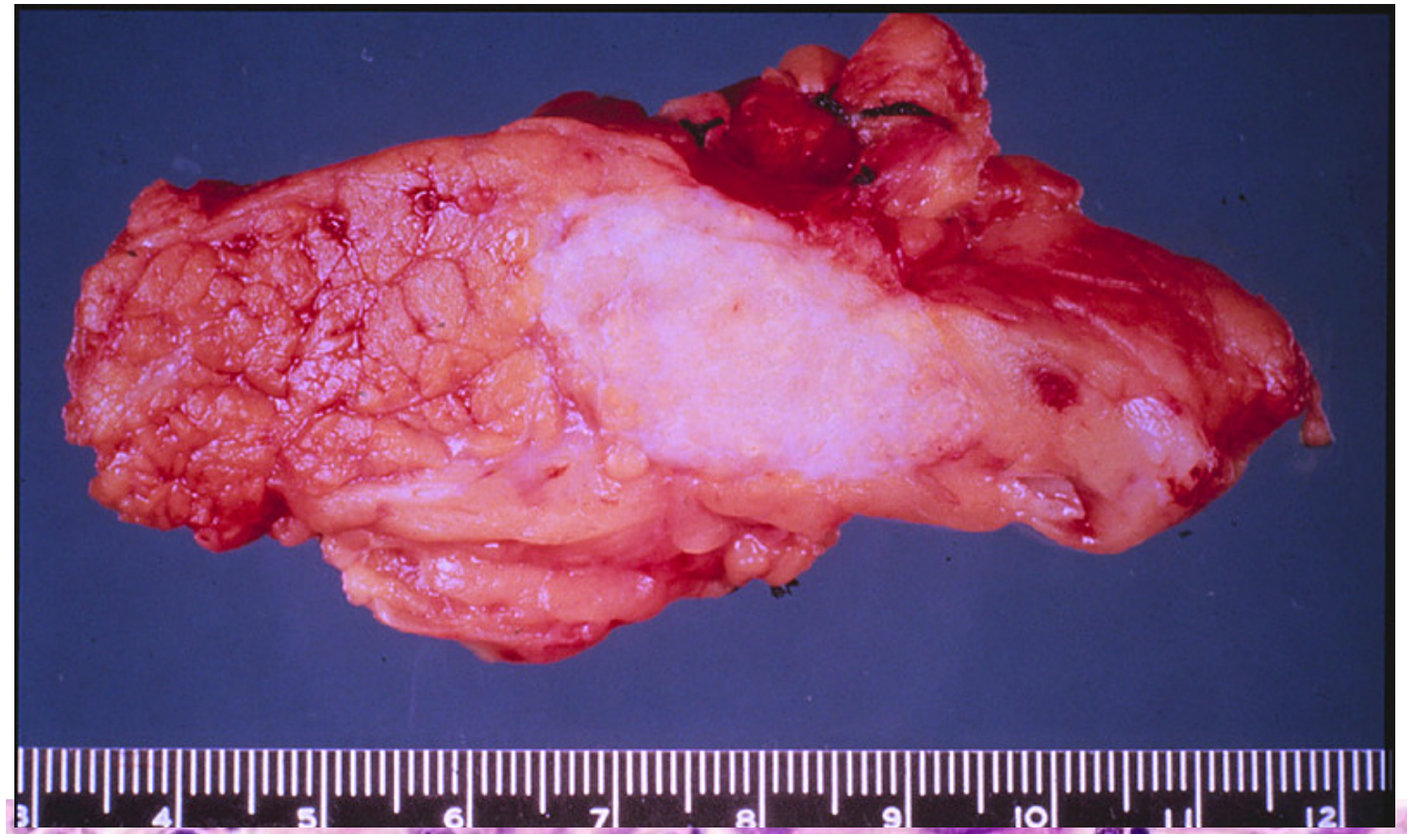


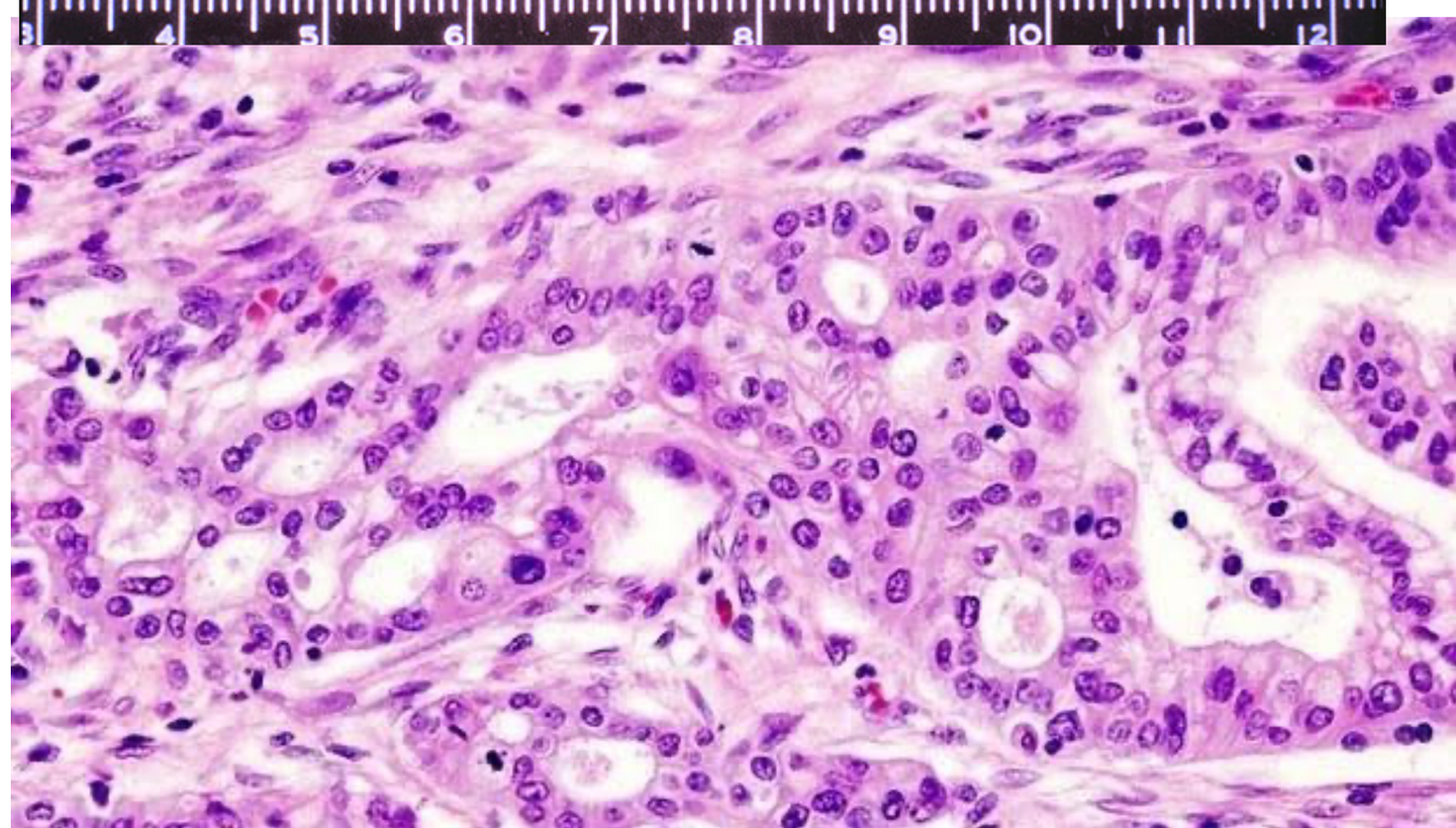


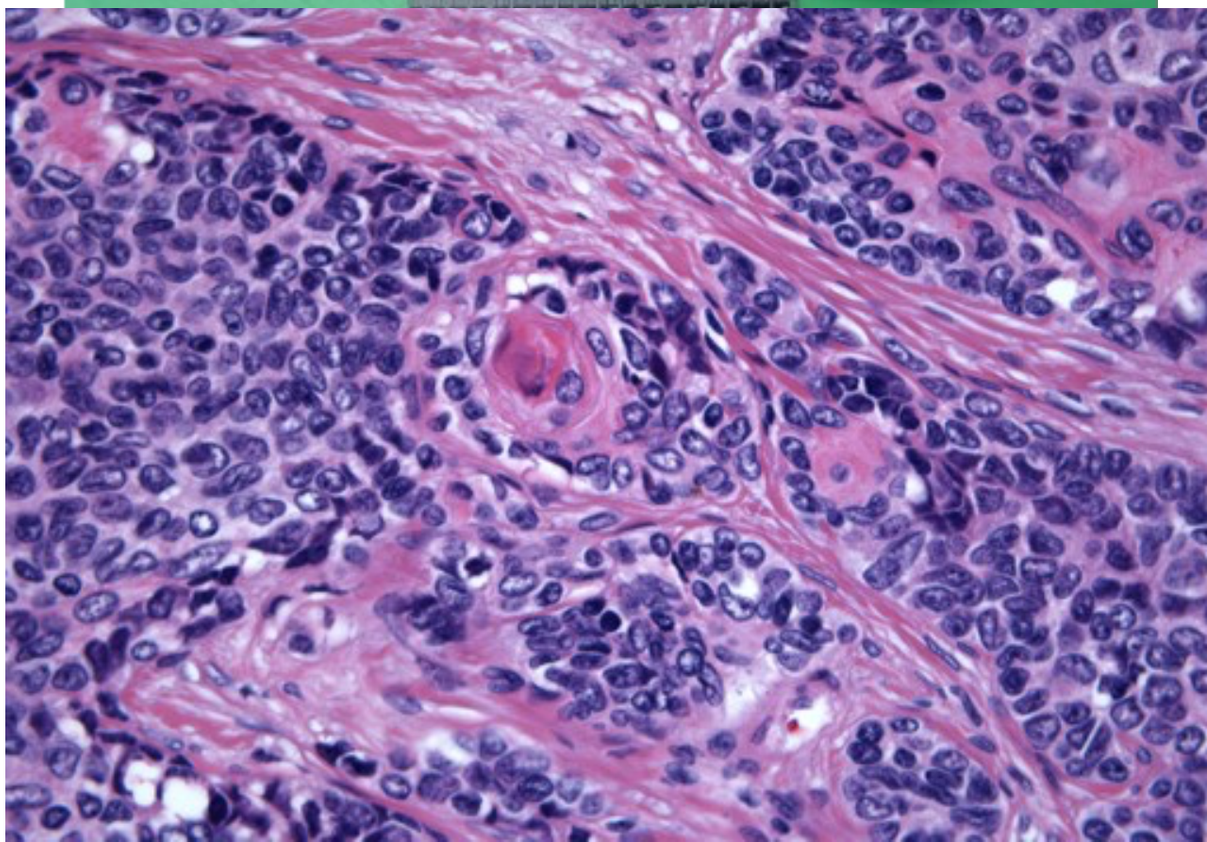


CARCINOMA DE PANCREAS

- ADENOCARCINOMA DUCTAL
- MAS COMUN
- ALTA MORTALIDAD
- 7ª 8ª DECADA
- DOLOR ABDOMINAL, PERDIDA DE PESO E ICTERICIA
- 90% MUTACIONES DE K-RAS p16 Y p53
- SMAD4
- 60% CABEZA
- CUERPO 15%
- DESMOPLASIA EXTENSA
- HISTOLOGÍA DE ADENOCA





PANCREATOBLASTOMA

- TUMORES PEDIÁTRICOS <10 años
- 50% CABEZA
- DOLOR, PERDIDA DE PESO Y DIARREA
- HIPERSECRESION DE LIPASA
- HISTO: CELULAS INDIFERENCIADAS NCON NÓDULOS ESCAMOIDES
- RELACIONADAS A SD. B-W
- MUY BUEN PRONOSTICO
- MTTS MAL PRONOSTICO