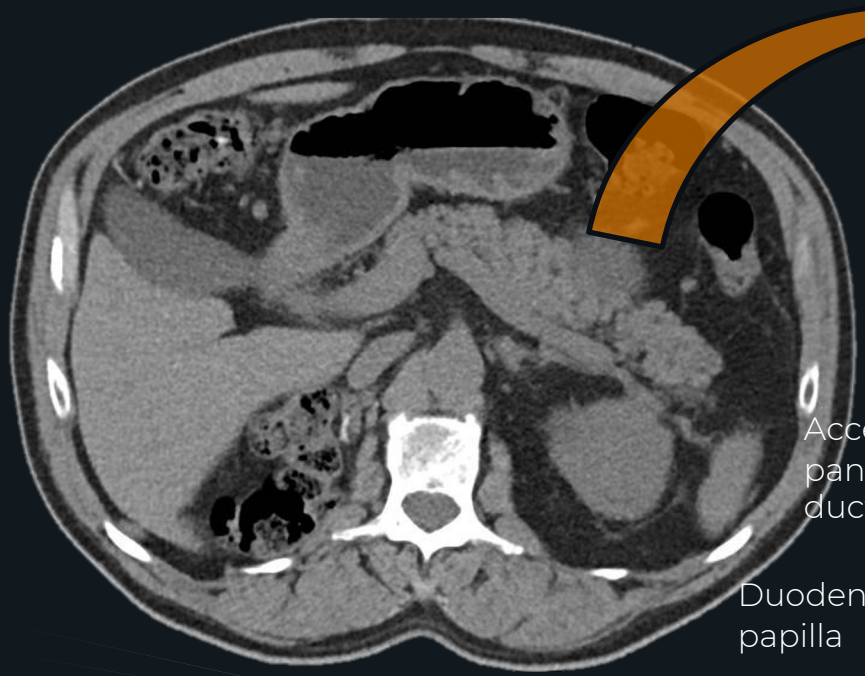
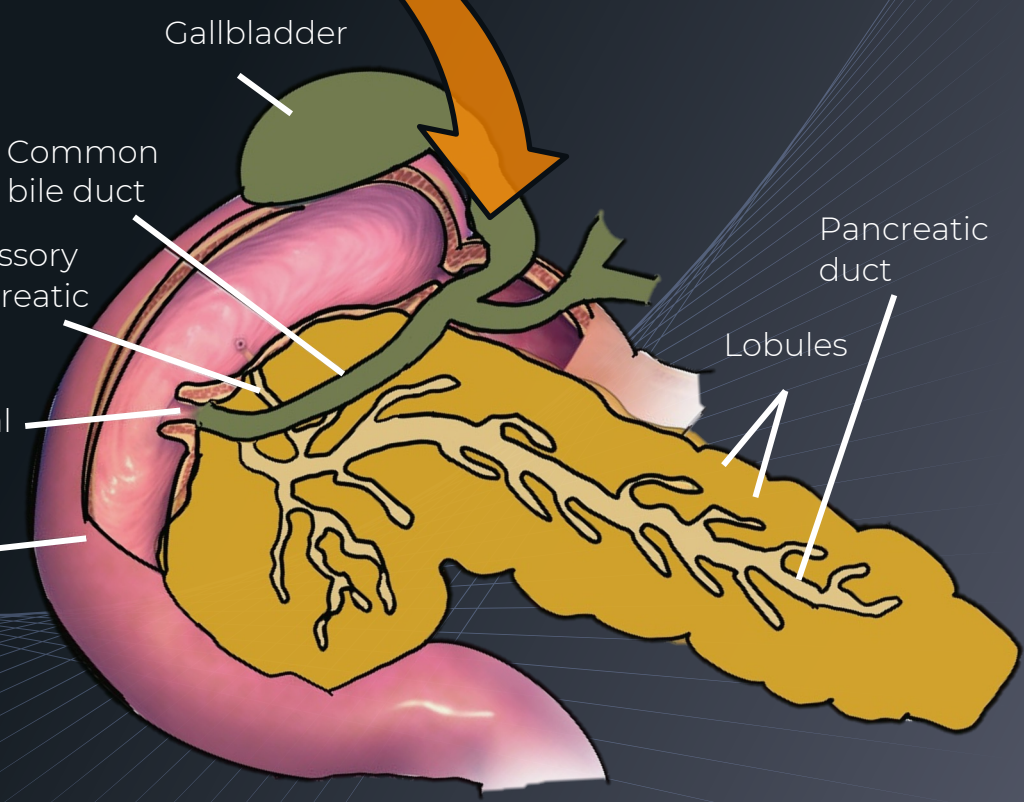
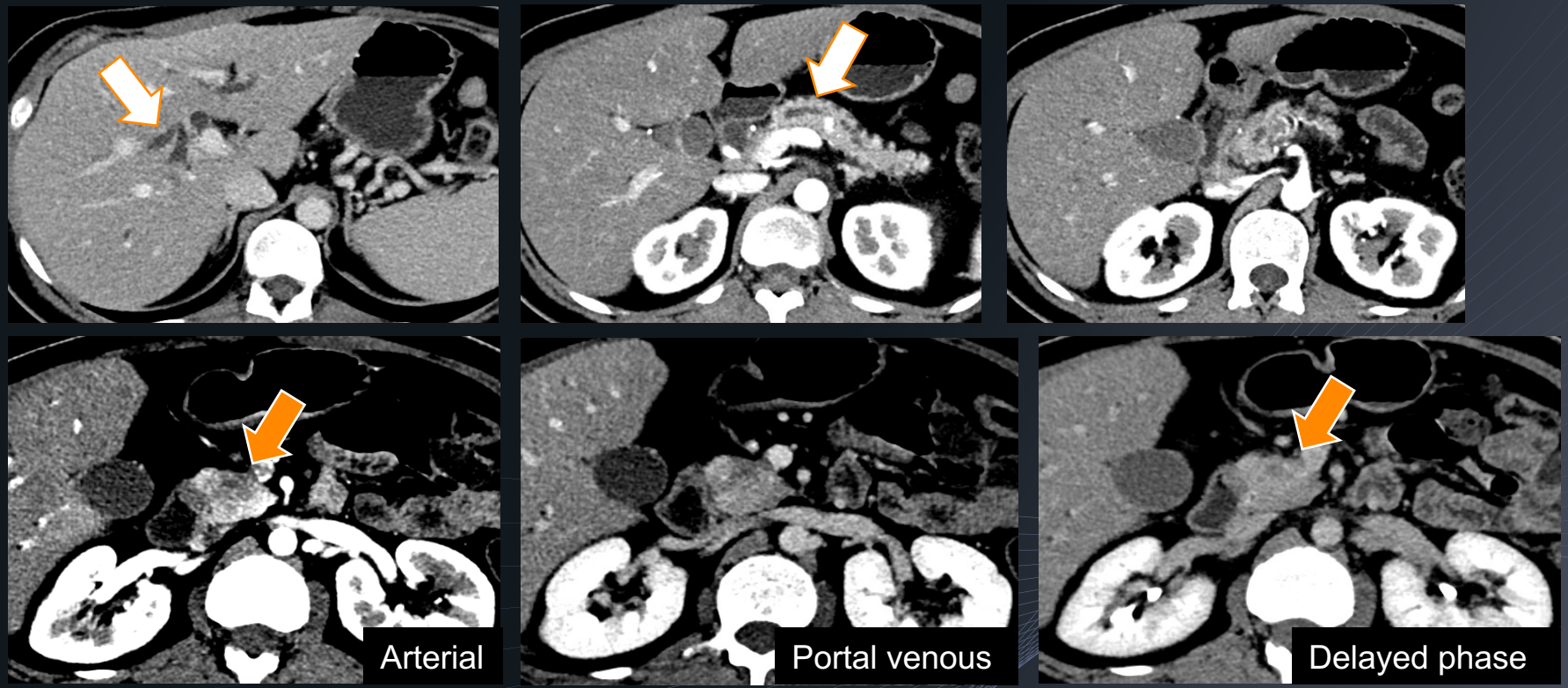




Anatomy

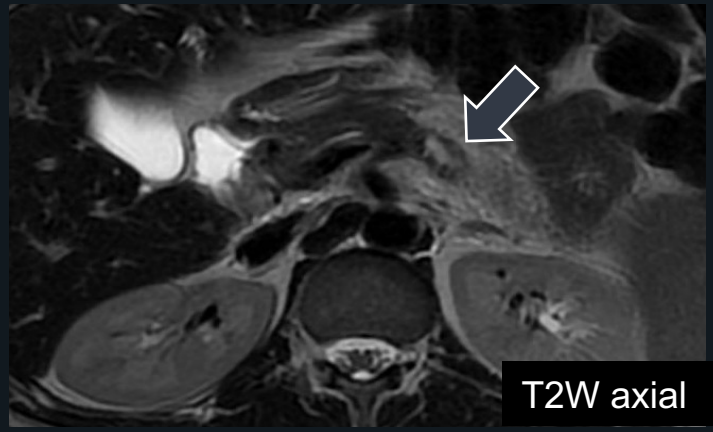
Correlation with radiological anatomy

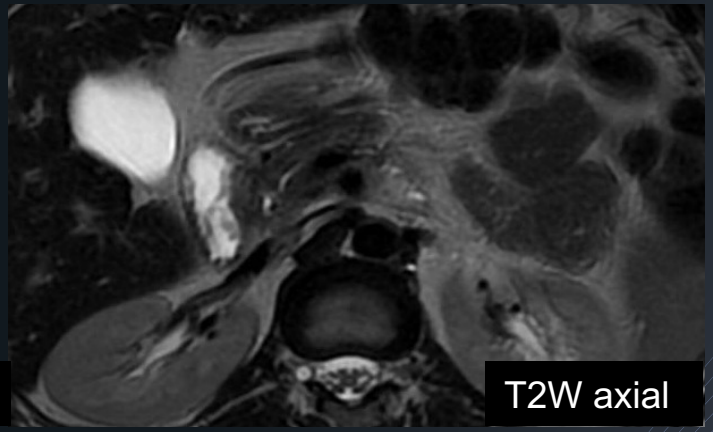
1. Attention to duct dilatation

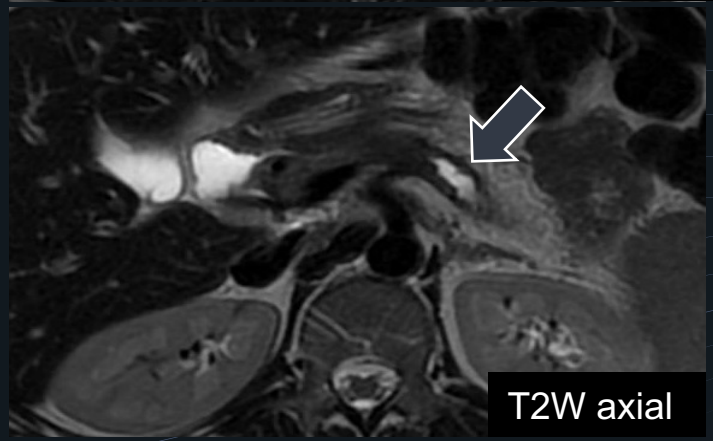


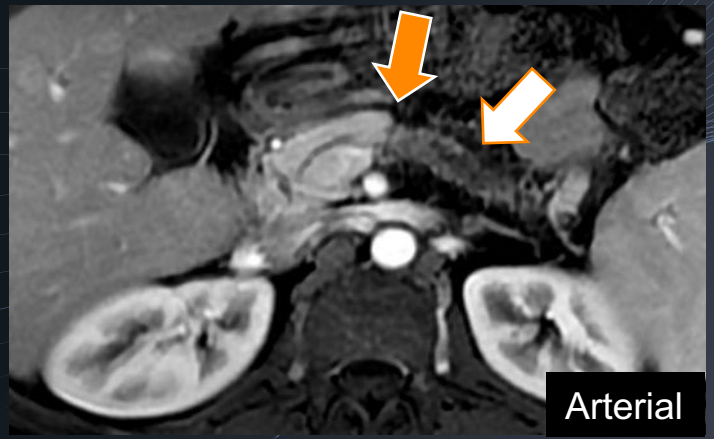
Although the lesion (orange arrow) is very subtle and hard to depict on venous phases, bile duct and pancreatic duct dilation (white arrows) should never be overlooked and can help finding small or isoattenuating lesions!

2. Suspect of caliber transition and segmental atrophy/liposubstitution



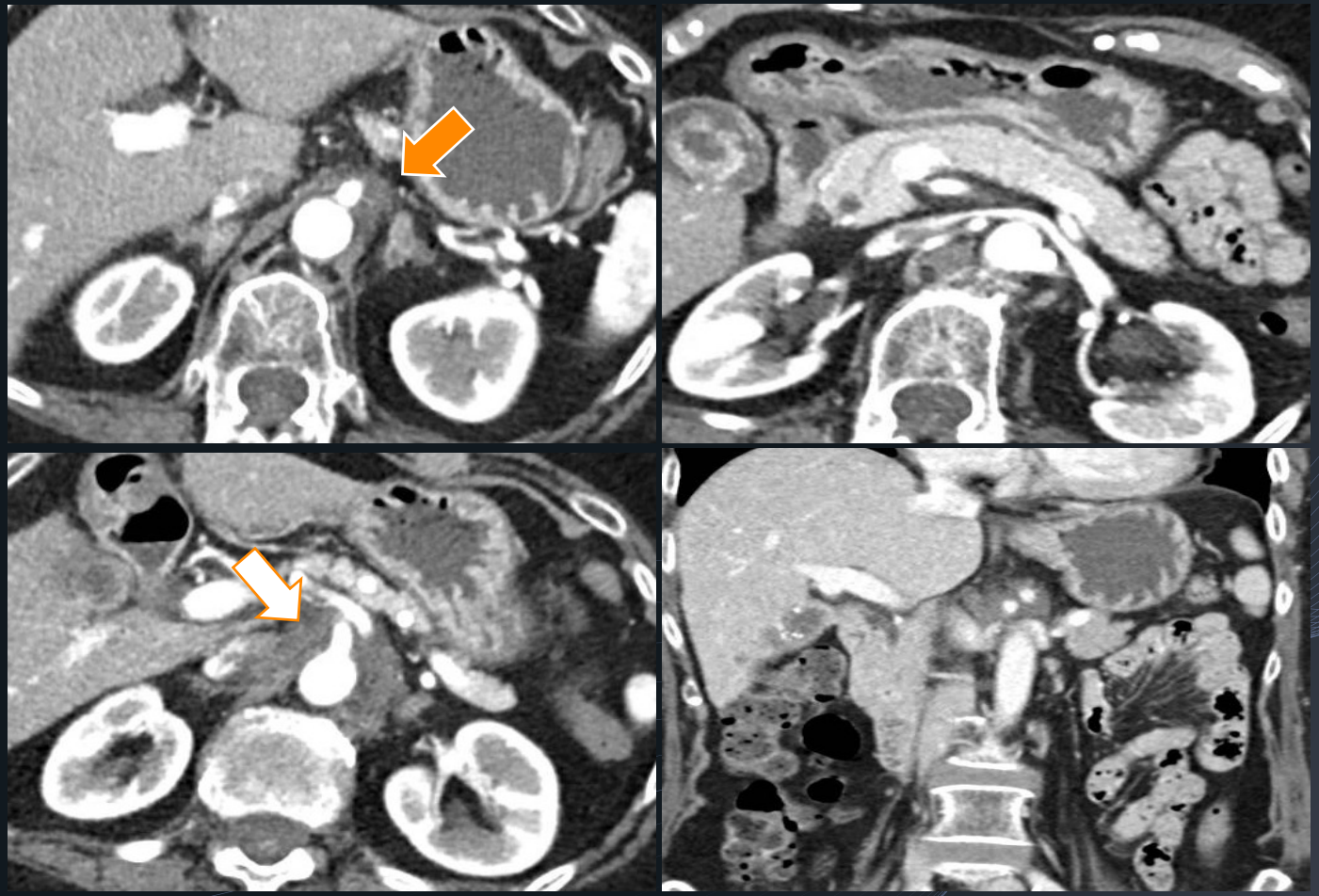






Infiltrative lesion with imprecise limits in the body of the pancreas (neuroendocrine tumor – orange arrow), determining atrophy of the parenchyma (white arrow) with dilation of the main duct in the caudal portion (gray arrow).

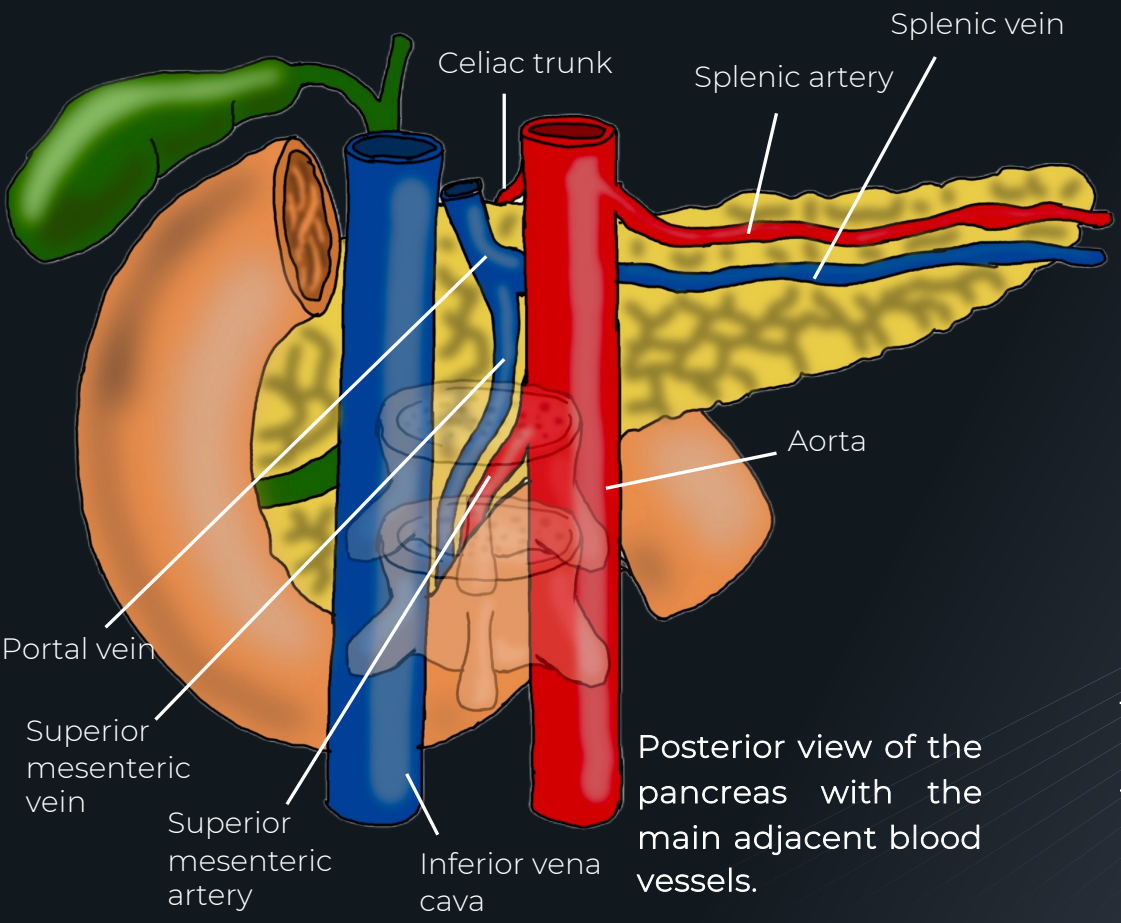
3. Retroperitoneum



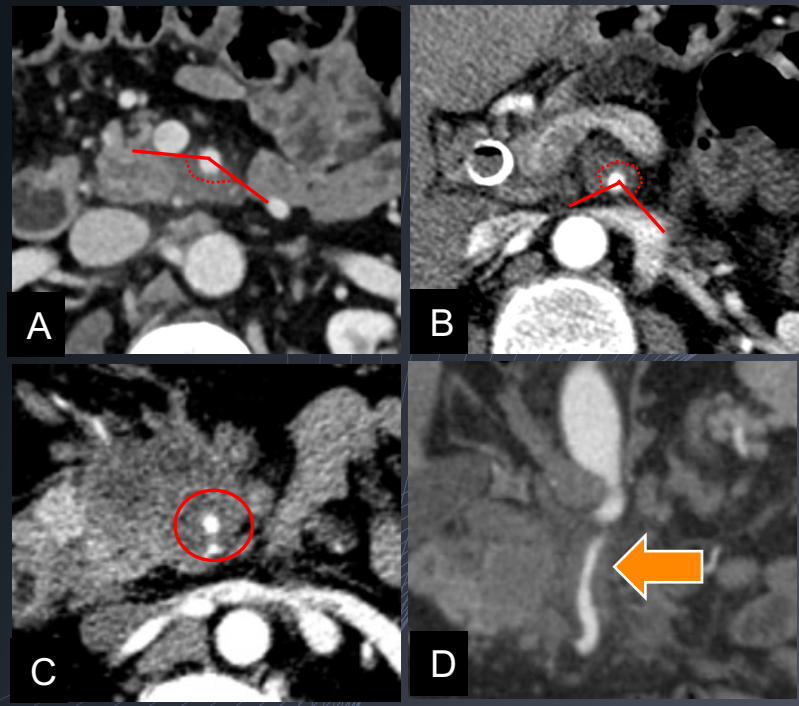
TRICK

Tissue with ill-defined limits involving the emergence of the celiac trunk (orange arrow) and also the superior mesenteric artery (white arrow). Be careful, not all abnormal tissue around the vessels will be tumor infiltration! The appearance here is compatible with a vascular inflammatory process (vasculitis).

4. Vascular assessment



Posterior view of the pancreas with the main adjacent blood vessels.



Tumor contact with the superior mesenteric artery <180º in A and >180º in B. Another patient with tumor infiltration of the superior mesenteric artery in C, with the affected part of the vessel narrowed (orange arrow) in a coronal section in D.