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Título	Mixed-type intraductal papillary mucinous neoplasm: Tailored surgical planning - case report
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Resumo	Introduction: With the greater availability of imaging exams, the diagnosis of intraductal papillary mucinous neoplasms (IPMNs) has increased recently. However, there are still questions about adequate management approaches for this disease, especially regarding the best therapeutic strategy. The objective is to describe the case of a patient with mixed-type (MT) IPMN successfully treated by a tailored surgical plan that adopted duodenopancreatectomy and imaging to monitor the remaining lesions of the tail and body of the pancreas. Presentation of case: A 65-year-old asymptomatic man underwent ultrasonography of the abdomen and was diagnosed with a cystic tumor, measuring 3.0 × 2.5 cm, located on the head of the pancreas. Magnetic resonance cholangiopancreatography (MRCP) showed dilation of the main pancreatic duct and multiple cystic lesions scattered throughout the entire parenchyma. The patient underwent duodenopancreatectomy; postoperatively, he did not have complications and was discharged on the 6th postoperative day. The histopathological panel confirmed the presence of MT-IPMN of the intestinal pattern. The patient is currently well four years after surgery and is undergoing semiannual MRCP examinations to follow up the remaining lesions. Discussion: MT-IPMNs represent 28–41% of all IPMNs. Among all subtypes, MT-IPMNs are the most challenging in terms of choosing the ideal therapeutic strategy. These lesions are the most difficult to treat because they can be multifocal and compromise different locations of the pancreatic parenchyma.

	Conclusion: MRI findings, Ca19.9 serum level and negative family history of pancreatic neoplasia were indications for the surgical choice for the MT- IPMN presented in this case.
Fomento	