Using the optimal cut-off value of 130 mg/dL, a presenting hyponatremia could serve as a sensitive and specific sign to diagnose HTG-AP, and confirming the diagnosis with a complete lipid panel should be prioritized in patients with AP when hyponatremia is present on the initial BMP.

The prognostic value of hyponatremia to predict worse clinical outcomes has been extensively explored in multiple clinical entities. We explored the prognostic value of presenting serum sodium and found that hyponatremia is significantly associated with higher prevalence of AKI, SIRS, and patients with hyponatremia had higher BISAP and Ranson Criteria score than those without. In comparison with NLR and LDH, hyponatremia proved superior in the prediction of AKI and equally effective as NLR in the prediction of SIRS.

Results: Baseline characteristics of the included patients were summarized in the Table. The mean cyst size at baseline was 13.3 ± 9.4 mm which were followed up for a mean duration of 95.5 ± 29.2 months. During the follow-up period, out of 238 patients, 104 patients showed ≥20-mm cyst growth compared to 110 patients with ≥20% increase in cyst size. In patients with smaller cysts (<1 cm), a higher proportion of patients (56.4% versus 47.1%, p < 0.0001) showed a twenty percent difference in cyst size compared to 3 mm cyst growth (Figure). Whereas in patients with cysts ≥1 cm, higher number of patients (48.1% versus 40%; p < 0.0001 for 1-3 cm, 4.8% versus 3.6%, p = 0.004 for ≥2 cm cyst size) showed a cyst growth of ≥3 mm compared to twenty percent increase in cyst size.

Conclusion: For any cyst size, an increase in 20% of the maximum diameter of the cyst size is reasonable to consider as a significant change to reduce the effect of measuring error.

Introduction: Because of the interobserver variability in radiographic cyst size evaluation, a pancreatic cyst growth rate of ≥3 mm/year warrants a shorter follow-up interval by the current consensus. On the other hand, a 20% increase in the maximum diameter of the cyst size compared to the previous was also considered to be a significant interval change by the existing literature. We aim to determine the significance of an increase in cyst size of ≥3 mm versus ≥20 percent with respect to the initial cyst size in patients with pancreatic cystic neoplasms (PCN).

Methods: From the Mayo Clinic, Rochester database, we retrospectively identified 238 subjects with incidentally detected pancreatic cysts. We excluded the patients with inflammatory fluid collections secondary to acute pancreatitis. The study subjects were further classified into three groups according to the initial cyst size at baseline: <1 cm (99 patients), 1-3 cm (124 patients), and ≥3 cm (15 patients) respectively. A difference in cyst size at baseline was 13.3 ± 9.4 mm which were followed up for a mean duration of 95.5 ± 29.2 months.

Results: Baseline characteristics of the included patients were summarized in the Table. The mean cyst size at baseline was 13.3 ± 9.4 mm which were followed up for a mean duration of 95.5 ± 29.2 months. During the follow-up period, out of 238 patients, 104 patients showed ≥20-mm cyst growth compared to 110 patients with ≥20% increase in cyst size. In patients with smaller cysts (<1 cm), a higher proportion of patients (56.4% versus 47.1%, p < 0.0001) showed a twenty percent difference in cyst size compared to 3 mm cyst growth (Figure). Whereas in patients with cysts ≥1 cm, higher number of patients (48.1% versus 40%; p < 0.0001 for 1-3 cm, 4.8% versus 3.6%, p = 0.004 for ≥2 cm cyst size) showed a cyst growth of ≥3 mm compared to twenty percent increase in cyst size.

Conclusion: For any cyst size, an increase in 20% of the maximum diameter of the cyst size is reasonable to consider as a significant change to reduce the effect of measuring error.