

**Bedside diagnosis of pancreas cancer, starting from its  
Oncological Terrain-Dependent, Inherited Real Risk, by the clinical  
evaluation of Low Grade Chronic Inflammation of pancreatic  
adipose tissue with Spattini's Sign.**

*By Sergio Stagnaro*

In following, for the first time I illustrate an original, reliable, quantum-biophysical-sign of pancreas cancer early bedside diagnosis, starting from birth.

In my opinion, based on 65-year-long clinical experience, overlooking Quantum Biophysical Semeiotics, there is a fundamental bias in all researches, including Pancreas Cancer (1-8).

Since 20 years, I am suggesting unhearded the central role played by the Oncological Terrain-Dependent, Inherited Real Risk of pancreas cancer in pre-primary and primary prevention and treatment of such a cancer (9).

Interestingly, in the normal pancreas microcirculatory bed (or more scientifically speaking, pancreas tissue-microvascular unit), analogously to that of lung, heart, stomach, oesophagus, breast, a.s.o., there are exclusively type II, physiological, Endoarteriolar Blocking Devices (EBD), according to S.B.Curri, bedside recognized nowadays even with a stethoscope, thanks to Quantum Biophysical Semeiotics (e.g., Stagnaro's Sign,e.g.) and Clinical Microangiology (10-12).

Numerous ureteral reflexes as well as the "simple", advisable, from the practical viewpoint, Gastric Aspecific Reflex, allow doctor to evaluate with a common stethoscope structure and function of microcirculatory bed diverse components. In health, we cannot observe newborn-pathological, type I, subtype a) oncological, and b) aspecific, EBD, but only type II EBD in small arteries, according to Hammersen, the only ubiquitous, in above-mentioned biological systems, including pancreas. On the contrary, in individuals, positive for Oncological Terrain"and"involved by oncological or other Inherited Real Risk (e.g., pancreas, coronary, oesophagous, breast, stomach, lung, prostate cancer or inflammatory-degenerative real risk) with the aid of Biophysical Semeiotics we recognize also newborn-pathological, type I, subtype a) oncological, and/or b), aspecific, common to all other disorders,EBD, facilitating since birth the proper diagnosis of whatever inherited real risk, including pancreas cancer inherited real risk, namely

the very first stage of disease, that plays a pivotal role in pre-primary and primary prevention (1-8).

This new QBS sign is based on the assessment of Low Grade Chronic Inflammation of adipose tissue always present from birth at the level of Inherited Real Risk (13-15), bedside recognized by mean of Spattini's Sign (16).

If evaluated in the health, Spattini's Sign shows normal parameter values, related to adipose tissue of the pancreas: Latency Time 10 sec. and Duration of Gstric Aspecific Reflex > 3sec. – 4 sec. >.

On the contrary, in patient involved by Pancreas Cancer, starting from its Inherited Real Risk, i. e., from birth, these parameter values result altered in varying degrees of intensity, in relation to the cancer stage.

For instance, in the first stage, Latency Time of Spattini's Sign is normal, 10 sec., but the G.A.-Reflex appears pathologically prolonged: 4 sec. or more.

Authors around the world agree with the statement, the diagnosis of Pancreas Cancer is very difficult in symptomatic stage, but impossible in symptomless stages, as Oncological Terrain-Dependent, Inherited Real Risk of pancreas cancer.

Quantum Biophysical Semeiotic, specific signs (1-8) allow physician for the first time to bedside diagnosing pancreas cancer from patient's birth, i.e., from its Inherited Real Risk.

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