

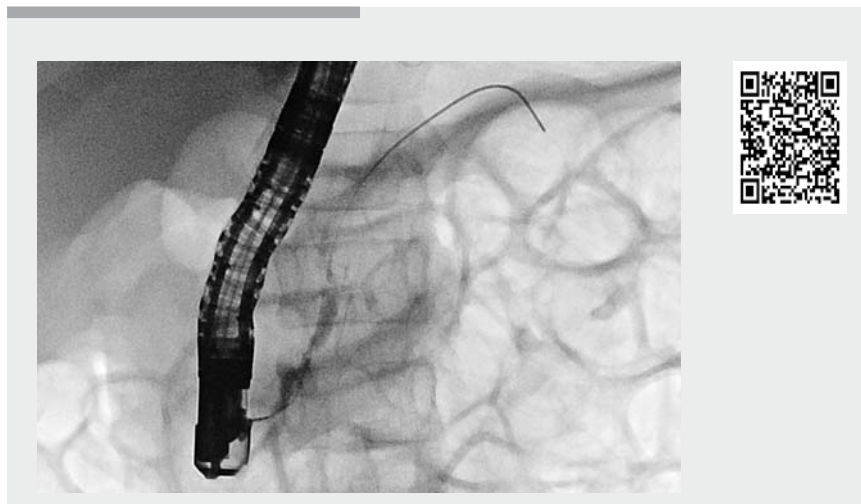
Endoscopic management of Wirsungocele with recurrent acute pancreatitis



► **Fig. 1** Magnetic resonance cholangiopancreatography showed cystic dilatation near the distal end of the ventral duct compatible with Wirsungocele.

Cystic dilatation of the terminal ventral main pancreatic duct was first termed Wirsungocele in 2004 following an incidental finding [1]. The association between Wirsungocele and recurrent acute pancreatitis was first reported by Gupta et al. [2]. A potential etiology has been proposed involving dysfunction of the autonomic innervation of the sphincter of Oddi, causing non-coordination and functional obstruction at the papillary orifice, resulting in Wirsungocele [3]. However, the definite pathophysiological mechanism for formation of Wirsungocele and the association with recurrent acute pancreatitis remain uncertain. We describe here a case of the youngest patient diagnosed with Wirsungocele with recurrent acute pancreatitis reported to date in the literature.

A 7-year-old boy with unremarkable antenatal and postnatal history presented with three episodes of acute pancreatitis within 2 months. Blood tests showed a high amylase level (peaked at 4011 U/L, reference range 29–118 U/L) and normal liver function tests. Ultrasonography showed acute pancreatitis, with normal biliary tree system and no gallstone. Mag-



► **Video 1** Endoscopic retrograde cholangiopancreatography for the Wirsungocele.

netic resonance cholangiopancreatography revealed prominent ventral main pancreatic duct and a cyst near the distal end of the ventral duct, compatible with a Wirsungocele (► **Fig. 1**).

He underwent endoscopic retrograde cholangiopancreatography (ERCP). Pancreatogram showed a 1.3-cm cystic dilatation of the ventral main pancreatic duct just beyond the major papilla. Pancreatic sphincterotomy was performed, followed by dilation with a 6-mm balloon. A 5 Fr × 5 cm, single-pigtail, pancreatic stent was inserted (► **Video 1**).

At the 4-week follow-up after ERCP, the patient was asymptomatic and the pancreatic stent was removed. He remained well with no more attacks after 3 months of the follow-up.

In conclusion, this is the first video-reported case of a Wirsungocele with recurrent acute pancreatitis that was successfully treated with endoscopic sphincterotomy and balloon dilation.

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Competing interests

Prof. Teoh is a consultant for Boston Scientific, Cook, Taewoong, and Microtech Medical Corporations.

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