A 21-year-old woman who previously underwent choledochojejunostomy during childhood was admitted with a 1-week history of worsening upper abdominal pain. She was diagnosed with acute pancreatitis, and magnetic resonance cholangiopancreatography (MRCP) revealed a pancreatic divisum with multiple stones in both dilated ventral and dorsal pancreatic ducts (▶Fig.1).

An endoscopic retrograde cholangiopancreatography (ERCP) was performed. Initial endoscopic assessment found a stenosed proximal duodenum (▶Fig.2) and it was not passed until a smaller JF-240 duodenoscope (Olympus, Tokyo, Japan) with an 11-mm outer diameter was changed. The major papilla was cannulated and a cholangiogram showed a few anomalies. First, there was a dilated fusion with multiple calculi between the ventral pancreatic and common bile duct. The distal main pancreatic duct was not seen (▶Fig.3). Secondly, it also revealed a stenosed side-to-side choledochojejunostomy reconstruction.
ochojejunal anastomosis. We proceeded to remove the stones through the major papilla with an extractor balloon (▶Fig.4), and a 7 Fr nasobiliary catheter was inserted. The amylase of the bile obtained during ERCP was 49 999 U/L (normal < 150 U/L), while the postoperative amylase of bile from the nasobiliary drainage tube was 3156 U/L.

We then cannulated the minor papilla and revealed a 6-mm dilated dorsal pancreatic duct, which was also filled with stones (▶Fig.5). These calculi were cleared and a 7Fr 7-cm single-pigtail plastic stent was inserted (▶Video 1). The patient recovered uneventfully after the procedure.

The cystic dilations of the main and accessory pancreatic duct along with multiple stone formation are rare. The presence of pancreas divisum, anomalous pancreaticobiliary junction (APBJ), and choledochojejunostomy reconstruction may have contributed to the stones’ formation in pancreaticobiliary ducts in this patient [1,2]. Further surgery for this patient may reduce long-term risk of bile duct cancer, as APBJ is known to increase the risk of cholangiocarcinoma by promoting reflux of pancreatic juice into the biliary system; decreased amylase in the bile may delay this process.

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Competing interests

The authors declare that they have no conflict of interest.

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