Acute pancreatitis due to an impacted juxtapapillary duodenal diverticulum

A 58-year-old woman presented with severe abdominal pain. Laboratory findings showed markedly raised amylase and lipase concentrations at 1169 IU/L and 5040 IU/L respectively. She denied any alcohol consumption. Triglyceride and calcium levels were within the normal range. An abdominal computed tomography (CT) scan showed a round, 2.7-cm, low density, mass-like lesion with a central area of air density in the second part of the duodenum and swelling of the adjacent pancreas. The common bile duct (arrow) and pancreatic duct (arrowhead) are seen above the lesion.

Esophagogastroduodenoscopy revealed a yellowish phytobezoar impacted in a juxtapapillary duodenal diverticulum (JPDD).

In this report, bezoar impaction in a rare caudally located type of JPDD caused acute pancreatitis. This is a rare cause of acute pancreatitis and an unusual clinical manifestation of a JPDD caused by its location.

Competing interests: None

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References

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Fig. 4 Diagram showing the anatomical relationships of a juxtapapillary duodenal diverticulum (JPDD) in: a the common type; b the atypical caudally located JPDD, which has more anatomical proximity to the pancreatic duct than to the common bile duct. (D, duodenum; BD, bile duct; PD, pancreatic duct; B, bezoar.)

Bibliography

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