Complete pancreas divisum with patulous minor papilla complicated by multifocal branch-duct intraductal papillary mucinous neoplasms

A 70-year-old Japanese woman who did not drink alcohol was admitted for investigation into the cause of her recurrent acute pancreatitis. On admission, an abdominal computed tomography (CT) scan revealed dilatation of the dorsal pancreatic duct and multifocal branch-duct intraductal papillary mucinous neoplasms (BD-IPMNs) that had increased in size during the intervening years (Fig. 1). Magnetic resonance cholangiopancreatography (MRCP) also showed multifocal BD-IPMNs (Fig. 2a) but could not detect the duct of Wirsung (Fig. 2b). The largest cyst of the BD-IPMNs was <3cm and without mural nodules.

Endoscopic retrograde pancreatography was unsuccessful via the major papilla, but successful via the minor papilla. The minor papilla was patulous, with a large amount of mucin being secreted from the orifice (Fig. 3). From these findings, a diagnosis of complete pancreas divisum complicated by multifocal BD-IPMNs was made. A dorsal duct stent was placed via the minor papilla, but was displaced 2 days later, so surgical intervention was required.

Pancreas divisum is the most common congenital variation of pancreatic duct anatomy, arising when the embryological ventral and dorsal endodermal buds fail to fuse. Whether pancreas divisum causes acute or chronic pancreatitis remains
controversial [1,2], but despite this some authors consider dorsal duct obstruction caused by the relative stenosis of the minor papilla to be a factor in the development of pancreatitis [3,4]. In addition, we have provided a vivid endoscopic image of the patulous minor papilla secreting a large amount of mucin.

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Competing interests: None

Y. Nakagawa, M. Yamauchi, R. Ogawa, M. Watada, K. Mizukami, T. Okimoto, M. Kodama, K. Murakami, T. Fujioka
Department of Gastroenterology, Faculty of Medicine, Oita University, Yufu, Japan

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Corresponding author
Y. Nakagawa, MD
Department of Gastroenterology
Faculty of Medicine
Oita University
1-1 Idaigaoka Hasama-machi
Yufu 879-5593
Japan
Fax: +81-97-5866194
nakagawa4423@ybb.ne.jp