

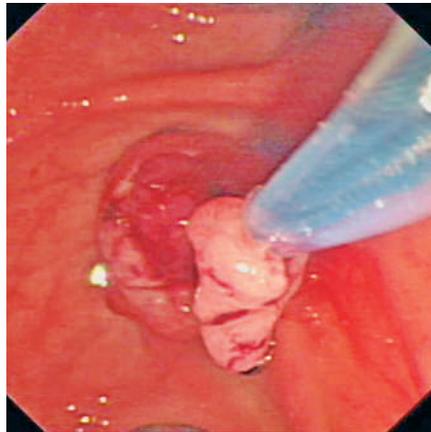
**Figure 1** A 49-year-old woman was referred to our department in July 2005 during an episode of significant upper abdominal pain associated with elevated amylase levels. This was the fifth such episode that had occurred over a 5-month period. Amylase levels of 614–2005 IU/l (normal range 20–120 IU/L) were recorded. Mild acute pancreatitis was confirmed on computed tomography. Magnetic resonance cholangiopancreatography showed a prepapillary filling defect, suggesting a pancreatic duct stone.



**Figure 2** On endoscopic retrograde cholangiopancreatography (ERCP), the papilla was found to be enlarged but had a smooth surface.

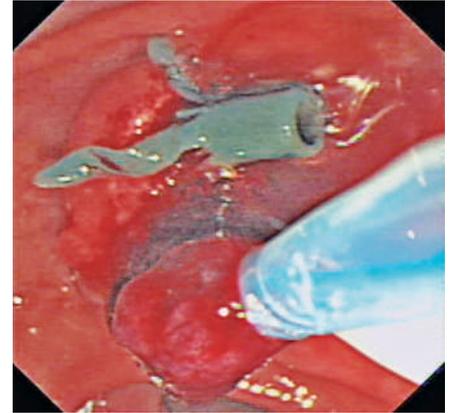


**Figure 3** On contrast injection during ERCP, the bile duct appeared normal but the pancreatic duct was dilated, with a 5-mm filling defect adjacent to the papilla.



**Figure 4** After endoscopic sphincterotomy, a basket was introduced and a piece of tissue, 5 mm in size, was harvested, followed by evagination of a 10–15-mm polyp from the orifice.

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**Figure 5** This polyp was resected after looping and stenting of the bile duct. Histological examination revealed the lesion to be an adenocarcinoma, and this was confirmed in the operative specimen obtained after a Whipple resection of the pancreatic head.

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