

Sonographic features of agenesis of dorsal pancreas

Sir,

We read with great interest the article by Vijayaraghavan et al., titled “Sonographic features of agenesis of dorsal pancreas,” which was published in the August 2013 issue of the journal.[1] The authors have narrated the clinical and radiological presentation of a rare entity in a suitable manner. In the discussion section, authors have mentioned that “the dorsal bud drains through duct of Wirsung and the ventral bud drains through duct of Santorini (accessory pancreatic duct). The dorsal bud duct joins the duct of Santorini and forms the major pancreatic duct which in turn joins the common bile duct and drains into major duodenal papilla (ampulla of Vater).” While the fact is that the dorsal bud drains through the accessory duct of Santorini into the minor papilla and the ventral bud is drained via the duct of Wirsung, and finally with pancreatic fusion, the distal part of the dorsal bud duct joins the duct of Wirsung to form the major pancreatic duct.[2,3]

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Kulvinder Singh, Chiranjeev K Gathwal, Devender Kaur
Department of Radiodiagnosis and Imaging,
BPS Government Medical College for Women,
Khanpur Kalan, Sonepat, Haryana, India
E-mail: ksingh.rad@gmail.com

References

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Quick Response Code:  
Website:  
www.ijri.org  
DOI:  
10.4103/0971-3026.195779

Cite this article as: Singh K, Gathwal CK, Kaur D. Sonographic features of agenesis of dorsal pancreas. Indian J Radiol Imaging 2016;26:528.

When to Image in Idiopathic Intracranial Hypertension

Sir,

We read with great interest the article titled “Imaging and interventions in idiopathic intracranial hypertension: A pictorial essay” by Sivasankar et al.[1] This article describes in detail, the clinical features, imaging findings, and treatment strategies of idiopathic intracranial hypertension (IIH).

We would like to present an interesting observation we made with regards to IIH and to discuss its relevance.

A 23-year-old male with a history of severe episodic headache underwent magnetic resonance imaging (MRI) of the brain twice in our centre with an interval of 2 days. The first MRI of the brain was unremarkable, apart from hypoplastic transverse sinuses. The optic nerves and pituitary gland were normal in appearance with the pituitary gland maintaining a slight upward convexity [Figure 1].

The second MRI, performed when the patient was experiencing severe headache, showed the classical findings of idiopathic intracranial hypertension, including retro-orbital edema, increased intracranial pressure, and enlargement of the optic nerves.[2,3]

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