

Annals of Medical & Surgical Case Reports

Image Article

Zeng MY, et al. Ann Med & Surg Case Rep: AMSCR-100088

Pancreas Divisum with Acute Recurrent Pancreatitis

Meng-You Zeng^{1,2}, Rong Du^{1,2}, Wei Liu^{*1,2}

¹Institute of Digestive Disease, China Three Gorges University, Yichang, China

²Department of Gastroenterology, Yichang Central People's Hospital, Yichang, China

*Corresponding Author: Wei Liu, Institute of Digestive Disease, China Three Gorges University, 8 Daxue Road, Yichang 443000, China, E-mail: liuweiliu@ctgu.edu.cn

Citation: Zeng MY, Du R, Liu W (2020) Pancreas Divisum with Acute Recurrent Pancreatitis. Ann Med & Surg Case Rep: AMSCR-100088

Received date: 12 December 2020; **Accepted date:** 23 December 2020; **Published date:** 29 December 2020

A 59-year-old woman presented to the emergency department with a 1-day history of abdominal pain and vomiting. Her past medical history was of an acute recurrent pancreatitis (ARP) of 7 years' duration. She denied alcohol abuse, greasy food and overeating. Physical examination revealed normal vital signs and mild left upper quadrant abdominal tenderness with normal bowel sounds. Her temperature was 36.5°C, her pulse 75 beats per minute, and her blood pressure 125/75 mm Hg. Laboratory test revealed an elevated serum amylase level of 597 IU/L (normal range, 35 to 135). Computed tomography of the abdomen confirmed diffuse swelling of the body and tail of pancreas (Figure A). Considering the ill-defined ARP in this patient, magnetic resonance cholangiopancreatography (MRCP) was assessed and confirmed pancreas divisum (Figure B). Pancreas divisum (PD) was considered to be the most plausible explanation, but the differential diagnosis of the ARP also consisted of biliary, alcoholic and hyperlipidemic pancreatitis. Gastroscopy revealed normal appearance of duodenal papilla. A diagnosis of PD with ARP was made. PD is the most common congenital variant of the pancreatic ductal system [1, 2] and a potential cause of ARP [3-6]. Secretin augmented MRCP is the non-invasive imaging modality of choice for diagnosis of PD [7]. Endoscopic Retrograde Cholangiopancreatography (ERCP) with minor papilla endotherapy and sphincterotomy is considered to be the current first line of therapy [8-10]. After a well-informed discussion of options for interventions with the patient's family, the decision was made not to pursue ERCP. She was charged home with clinical symptomatic relief.

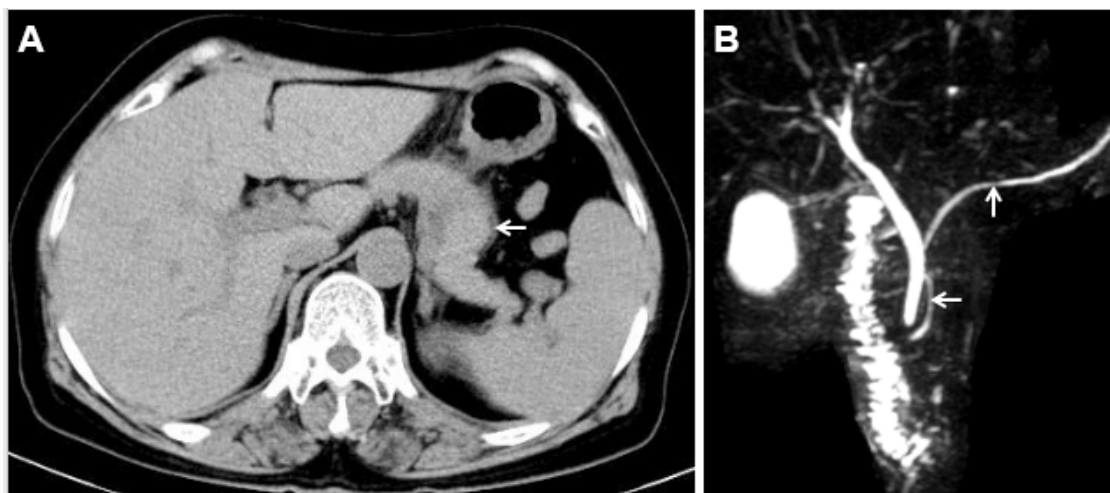


Figure 1: Pancreas divisum with acute recurrent pancreatitis. (A) Axial CT image of diffuse swelling of the body and tail of pancreas (arrow); (B) pancreas divisum by magnetic resonance cholangiopancreatography (vertical arrow represents main pancreatic duct, left arrow represents accessory pancreatic duct)

Acknowledgements

Funding: This work was supported by National Natural Science Foundation of China (31600134).

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this “Images in Clinical Medicine”.

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