

Introduction

- Annular pancreas, a congenital anomaly characterized by incomplete rotation of the ventral pancreatic bud, causes a ring of pancreatic tissue to encircle the duodenum.
- It is commonly accompanied by pancreatic divisum, which occurs when the main pancreatic duct and accessory ducts fail to fuse.
- Patients often present with recurrent pancreatitis due to partial obstruction of the pancreatic duct caused by fibrosis.

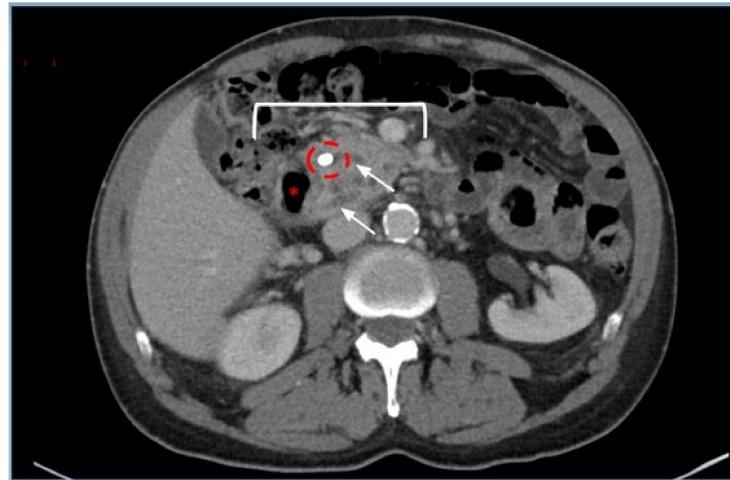


Image 1. CT of the abdomen at the level of the pancreatic head. The pancreas (white bracket) is seen surrounding the second part of the duodenum (asterisk) compatible with annular pancreas. A 6mm calcification (circled) is present in the region of the minor papilla (arrows indicate pancreatic ducts)

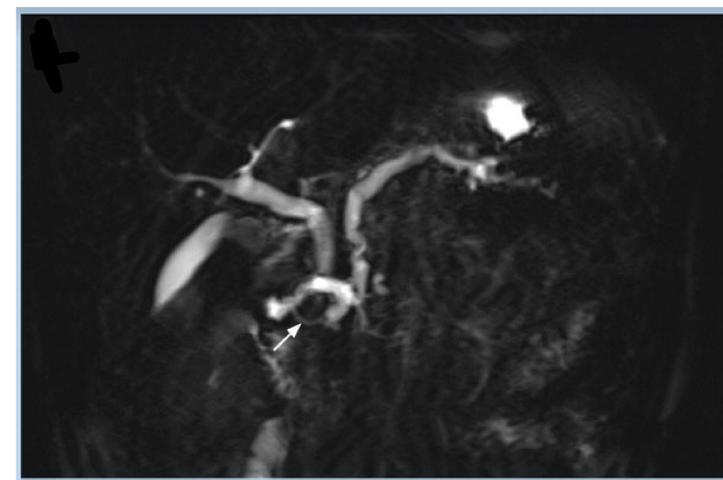


Image 2. Coronal MRCP image. Annular pancreas, with only a thin rim of pancreatic tissue surrounding the duodenum. The dorsal duct is best shown to wrap completely around the duodenum on MRCP image (arrow).

Discussion

- Typically, patients with annular pancreas present with symptoms during childhood.
- While infrequent, some patients remain asymptomatic until 20-50 years of age.
- This case demonstrates the potential to remain asymptomatic until even 72 years of age.

Conclusions

- By increasing awareness surrounding annular pancreas and management of its complications, we hope to increase the rate of early intervention.

Case Presentation

- A 72-year-old Caucasian male presented with recurrent episodes of acute pancreatitis. A CT abdomen (Image 1) revealed pancreatic tissue surrounding the second portion of the duodenum consistent with an annular pancreas. A pancreatic duct stone was also noted.
- An MRCP (Image 2) was consistent with annular pancreas with persistent dilation of the main and accessory pancreatic ducts and a 6mm stone was noted in the pancreatic duct.
- On an initial ERCP, the pancreatic duct could not be cannulated through the major papilla and minor papilla could not be identified due to inflammation. An EUS was performed, which was suggestive of pancreatic divisum. The minor papilla was cannulated, and a stent was placed in the pancreatic duct. In a subsequent ERCP, the pancreatic stone was removed, with complete resolution of his symptoms.

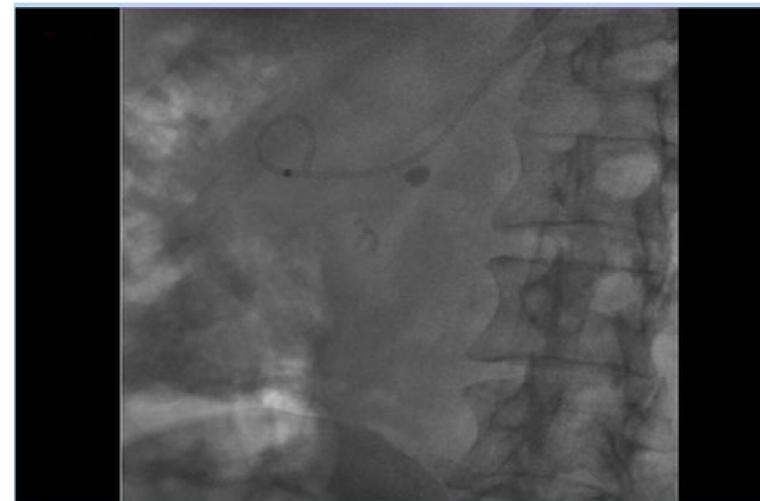


Image 3. ERCP image showing previously placed pancreatic duct stent in a loop like configuration and pancreatic duct stone.

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