IMAGES OF INTEREST

Hepatobiliary and pancreatic: Commentary

INTERPRETATION OF FIGS 1–3

A circumduodenal pancreatic duct is noted on endoscopic retrograde cholangiopancreatography (Fig. 1): the duct diameter is normal. The magnetic resonance imaging scan shows a band of pancreatic tissue surrounding the second part of the duodenum (Figs 2, 3, black arrow); the signal intensity of the pancreatic tissue is normal. On magnetic resonance cholangiopancreatography, the cholangiogram is normal but narrowing of the second part of the duodenum can be seen (Fig. 3, black arrow).

DIAGNOSIS: ANNUlar PANCREAS

Annular pancreas is a rare, congenital malformation thought to originate from incomplete rotation of the pancreatic ventral bud. Most cases present early in life with gastric outlet obstruction. Additional congenital malformations, such as Meckel’s diverticula, Down’s syndrome, intestinal malrotation, duodenal atresia, cardiac defects and tracheo-oesophageal fistulae are common.

Uncommonly, annular pancreas may be asymptomatic until adulthood when the patient presents with abdominal pain, gastric outlet obstruction, peptic ulcer disease, biliary obstruction and/or pancreatitis.

The present patient did not have clinical features suggestive of gastric outlet obstruction and an upper gastrointestinal endoscopy was normal. Plain radiography of the abdomen was also normal (no double bubble sign). However, a barium meal (Fig. 4) showed smooth concentric narrowing of the second part of the duodenum, with no proximal dilatation. In the present patient, it is not clear whether the annular pancreas caused recurrent jaundice and abdominal pain. A decision has been made to follow him up and review him should symptoms recur.

REFERENCE