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Ansa pancreatica: A rare pancreas ductal variation

Ansa pankreatika: Nadir bir pankreas kanal varyasyonu

To the Editor

The accessory dorsal pancreatic duct fuses with the main ventral duct at the pancreas head region in about 90% of the population, and drains through the major papilla, but it may also remain patent, emptying via the minor papilla. When the dorsal pancreatic duct enters the minor papilla by forming an arch like a reverse 'S' character, this type of ductal anatomy is referred to as 'ansa pancreatica'. It has been proposed in the literature that this type of anatomic variation may predispose to acute or chronic pancreatitis (1-3).

Among the patients who had undergone magnetic resonance cholangiopancreatography (MRCP) at our institution between November 2003 and June 2006, 4 patients (2 M, 2 F, age range: 49-71 years) had ansa pancreatica anatomic variation. MRCP was performed with a 1-T system (Signa Horizon; GE Medical Systems, Milwaukee, WI).

One patient had focal pancreatitis in the pancreatic tail; 1 had recently suffered from acute cholecystitis; 1 complained of nonspecific upper right quadrant pain; and 1 was being evaluated for elevated serum alkaline phosphatase (ALP) and gamma

ma glutamyl transferase (GGT) levels. On the MRCP images of these patients, the dorsal pan-

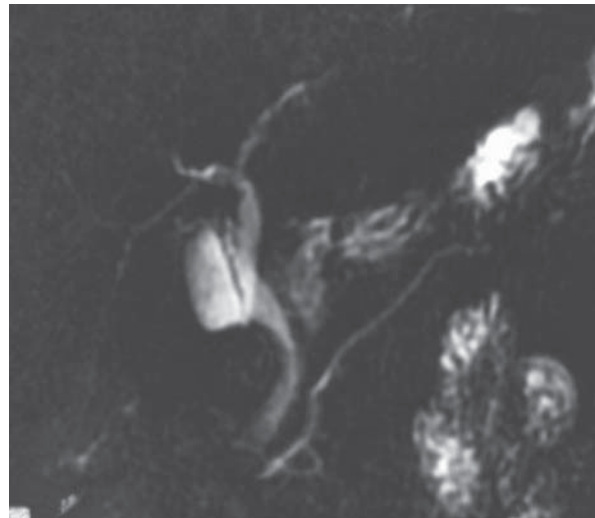


Figure 1. MRCP image in a 57-year-old man with remote acute cholecystitis demonstrating an incidental ansa pancreatica anatomic variation.

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creatic duct communicated with an inferior branch of the ventral duct at the uncinate process, draining through the minor papilla (Figures 1, 2). Nevertheless, ansa pancreatica was not considered as a predisposing factor in any of them.

When there is an obliteration in the embryological course of the dorsal pancreatic duct at the confluence level with the ventral duct, the proximal portion of the dorsal duct communicates with the inferior branch of the ventral duct, and a new accessory duct shaped like a reverse 'S' character, terminating in the minor papilla, is formed (1,4). Despite the other side branches of the ventral duct, in the ansa pancreatica type, the accessory duct communicates with the ventral duct at an ob-

lique angle. Although it can be hypothesized that an accessory dorsal duct draining through the minor papilla may prevent pancreatitis by decreasing the pressure in the main duct, in the ansa pancreatica anatomic variation, the drainage is not that matured (1, 3).

'Ansa pancreatica' can be considered as a predisposing factor in patients with idiopathic pancreatitis, can accompany other risk factors such as alcoholism, and can also take part in the etiology of postoperative pancreatitis following pancreatobiliary surgery (2). As MRCP is being widely used, it is important to recognize and clearly define the pancreas ductal variations, especially in the preoperative period, as they may be clinically significant.

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Carcinoid tumor of the ampulla of Vater presenting as recurrent acute acalculous cholecystitis attacks

Tekrarlayan akut akalkuloz kolesistit atakları ile görülen ampulla Vateri'nin karsinoid tümörü

To the Editor

Carcinoid tumors are rare neuroendocrine neoplasms that comprise only 1.2% to 1.5% of all gas-

trointestinal tumors. The ampulla of Vater is an extremely rare location for carcinoid tumors (less

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