EP-190 - DILATION OF THE DORSAL PANCREATIC DUCT IN AN ASYMPTOMATIC PATIENT WITH PANCREAS DIVISUM

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Clinical presentation:

A 74-year-old man was referred to our department because he was found to have a slightly dilated main pancreatic duct in an abdominal CT performed due to fever of unknown origin. His medical history included acute pancreatitis (a unique episode) 18 years before and a prior cholecystectomy (lithiasis). Blood tests revealed serum amylase level, tumor marker levels, fasting plasma glucose and hemoglobin A1c within normal range. The magnetic resonance cholangiopancreatography (MRCP) depicted a pancreas divisum draining the dorsal pancreas through the minor papilla with a rudimentary communication with the ventral pancreatic duct consistent with incomplete PD. Dorsal pancreatic duct was dilated (14 mm) with no evidence of pancreatic masses or obstructive causes. EUS confirmed the dilatation of the dorsal duct (14 mm) and revealed the presence of several mural nodules > 5mm within the dilated dorsal duct. The ventral duct was normal and linked to the dorsal duct, the minor and major papilla were normal and the pancreatic parenchyma was atrophic. Fine-needle-aspiration of the dilated dorsal duct was performed with a 22G needle and showed a carcinoembryonic antigen of 1001.8 (normal range: <5 ng/mL); cytological examination was inconclusive. From these radiological findings a diagnosis of main duct intraductal papillary mucinous carcinoma of the pancreas (MD-IPMN) was made. After staging showing no distant disease, the patient was proposed to pancreaticoduodenectomy.

Discussion

Despite of increasing diagnosis of the PD and IPMN, these conditions continue to be rare and PD associated with IPMN is even rarer. It remains unclear if the two conditions may be etiologically related. Nevertheless we emphasize the importance of consider the coexistence of IPMN in patients with PD and dilation of dorsal duct, even in the absence of symptoms.