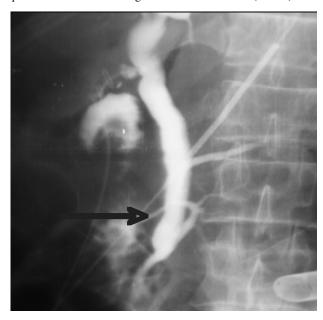
Case report

A 54 – year-old man with a past medical history of chronic hepatitis C confirmed by hepatic biopsy and treated by interferon-alpha; was admitted to department A of surgery complaining on epigastric pain and vomiting. Physical examination revealed epigastric tenderness. There is no icteric sclera, neither hepatosplenomegaly nor palpable mass. Vital signs were normal. Laboratory investigations were normal except liver function with raised total biluribin: 148 µmol/l (normal value: $5_17 \mu mol/l$); rised serum lipase level: 1200 UI/l (normal value: 60_100UI/l). Alkaline phosphatases and Gamma Glutamyl Transferases were within normal limits. Abdominal sonography revealed calculi in the gall bladder with dilatation of the intra and extra hepatic biliary duct. Abdominal CT showed a stage C pancreatitis with an enlarged cephalic portion of the pancreas. The course was clinically uneventful and on CT, attenuation of inflammatory process but persistent of an enlarged pancreatic head without dilatation of the biliary tract. Tumor markers Carcinoembryogenic Antigen (CAE) and CA 19, 9 were normal.

The patient underwent a laparoscopic Cholecystectomy (LC) with intraoperative cholangiography (IOC) that demonstrated neither calculi nor stenosis in the biliary tract but showed a pancreatic canal surrounding the second duodenum (figure 1).

Figure 1 : Intra operative cholangiography showing a pancreatic canal encircling the second duodenum (Arrow)

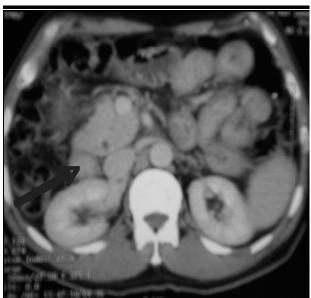


The relecture of the CT showed effectively a ring of pancreatic parenchyma encircling the duodenum and thus confirming the diagnosis of AP (figure 2). The post operative course was uneventful and the patient was discharged home on the third post operative day.

Figure 2 : Abdominal CT revealing a ring of pancreatic parenchyma surrounding the duodenum (blue arrow)



Pancreat Head



Conclusion

AP in adults is a rare congenital abnormality, while new imaging modalities and higher index of suspicion may assist in finding more cases.

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