ABNORMAL POSITION OF PANCREAS

By

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1. There are numbers of anomalies of the pancreas which are of clinical importance, these include:
    a. Annuler pancreas, which is due to failure of complete retention of the ventral segment during development, usually it does not cause symptoms but it may cause duodenum obstruction mainly in infants and may start in adults.
    b. Ectopic, which is rather common, may occur in stomach, small intestine, duodenum, liver and gall bladder.
    c. Congenital cystic disease of pancreas, which may accompanies congenital disease of the liver and kidneys. It may cause meconium intestinal obstruction or ileus at birth, and during infancy it may cause steatorrhoea.
    d. A rare anomaly is "pancreas divisum" and bifid tail of pancreas which is due to failure of the two buds of pancreas to fuse together.

2. We would like here to add another anomaly which we are presenting as a case report: The patient is a man of 26 years, married 7 years ago, had a bilateral operation for undescended testicles in April 1964. He referred to Mosul Military Hospital on 6th, November, 1966, complaining of pain in epigastric region which had been present for about 4 years, accompanied by anorexia and increasing vomiting. On examination in that occasion, there was no cardiovascular or neurological abnormality, no lymph node enlargement, spleen was not palpable and liver not enlarged. Both testes were small atrophic and placed just below the external abdominal rings. Tenderness was preset in the epigastrium 2 inchs to the right of linea alba along the transpyloric plane. Patient refused admission to hospital and was given anti-spasmodic and antacids with a suitable leave. On the 12th dec. 1966 he returned complaining of excessive vomiting even fluid diet was partially rejected. The patient then was admitted to hospital for operation. Several barium meals were done for the patient, the slides and report I am showing and reading was providing with many thanks by my colleague Dr. Thabet H. Thabet.radiologist,DMRD.
3. Radiological Findings: A barium meal for the patient has been done on 6th, November, 1966, showed a normal duodenum and gastric antrum, but slight dilated stomach (slide No.1). When the duodenum cap examined under compression and with spot device technique, a rounded constant filling defect it was noted (slide No.2). After days the barium meal has been repeated, showed this time a filling defect near the pyloric end of the stomach, pressing on the base of the duodenal cap and causing some deformity of the cap (slide No.3). Ten days later a third barium meal has been done, showed again the round filling defect in the duodenal cap with less dilatation of the stomach (slide No 4). A provisional radiological diagnosis of a sessile space occupying lesion has been made which is changing its site during exam. Also an extra tumour that causes pressure on the pylorus and duodenum has been thought.

4. Operative finding: The stomach, duodenum, bowels, spleen and liver were all normal, but there was a globular mass located in the concavity of the lesser curvature of the stomach, its main bulk was over the first part of the duodenum, it was continuous with a tapered mass to a tail in the hilum of the spleen, it fits consistency of the pancreatic tissue. It was thus realised that the whole mass was the actual pancreas, as there was no pancreatic tissue in the concavity of the duodenum. The lesser sac was opened, the head of the mass which was like a ball had a mesentery short and bread enabling it to drop over the first part of the duodenum and pylorus giving the pressure symptoms. It was decided to anchore the head of the pancreas to the tissues to the right of the oesophageal opening below the posterior aspect to the left lobe of the liver which appeared to be stable enough there.
5. Progress: Post operative period was uneventful. The patient attended surgical outpatient clinic and seen recently he had no complaint whatsoever related to food or drinks.
6. Discussion: In this case the abnormal position of the pancreas gave symptoms of peptic ulcer and later of pyloric obstruction. It was difficult at first to evaluate his symptoms and to consider him as a genuine case of organic lesion, because of his cryptorchidism and marital condition. Operation was considered only when a filling defect lesion was seen after barium meal in the region of the first part of the duodenum. On embryological basis it seems that the two pancreatic buds arise not from the part to the gut which eventually will be the second par of duodenum, but probably; from pyloric part to the stomach or the proximal part of the duodenum. This will mean that ventral pancreatic bud will come out directly from the primitive gut tube rather that as diverticulum from the primitive bile ducts.
7. Summery: A case of abnormal position of the pancreas is reported. The natural history and treatment and the embryological basis are discussed.

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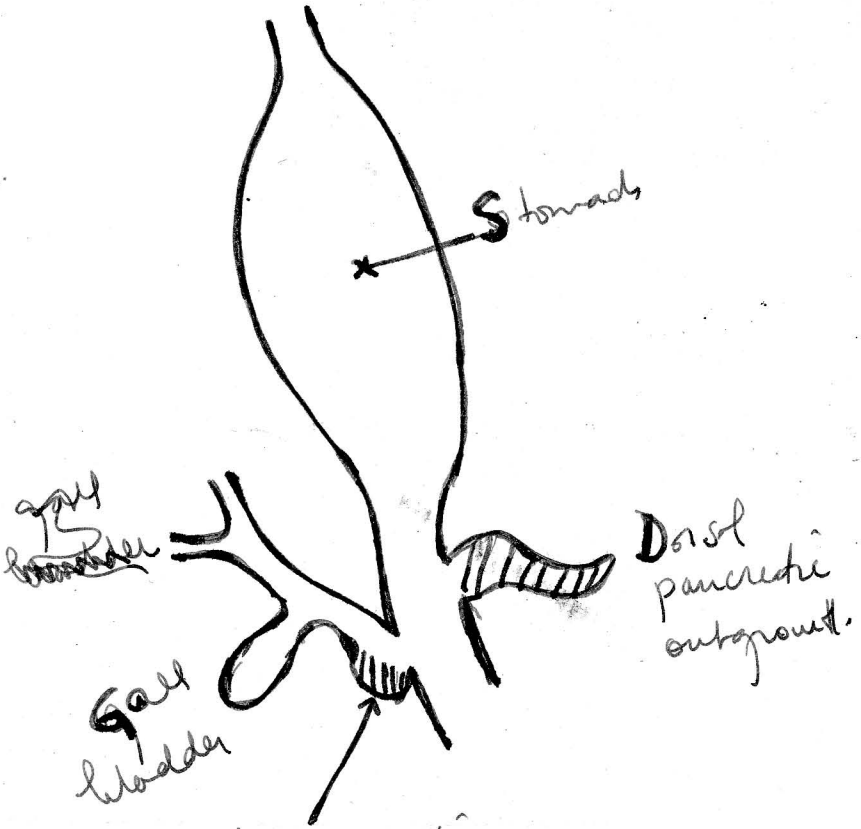

Ventrl pancreatic diverticul

Craig's Anatomy P. 199