

Pancreas divisum

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Pancreas divisum occurs when the embryological ventral and dorsal parts of the pancreas fail to fuse (Figure 72.3). The dorsal pancreatic duct becomes the main pancreatic duct and drains most of the pancreas through the minor or accessory papilla. The incidence of pancreas divisum ranges from 5% in autopsy series to 10% in some ERCP and MRCP series. Pancreas divisum found incidentally in an asymptomatic person does not warrant intervention; however, the incidence of pancreas divisum ranges from 25% to 50% in patients with recurrent acute pancreatitis, chronic pancreatitis and pancreatic pain. The minor papilla is substantially smaller than the major papilla, thus large volumes of secretions flowing through a narrow papilla leads to incomplete drainage, which may in turn cause obstructive pain or pancreatitis. Certainly, pancreas divisum should be excluded in patients with idiopathic recurrent pancreatitis. The diagnosis can be arrived at by MRCP, EUS or ERCP, augmented by injection of secretin if necessary. There may be changes indicative of obstruction or chronic inflammation in the dorsal duct system. Endoscopic sphincterotomy and stenting of the minor papilla may relieve the symptoms. Surgical intervention can take the form of sphincteroplasty, pancreatojejunostomy or even resection of the pancreatic head.

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