Endoscopic and endoscopic ultrasound (EUS) features of annular pancreas: duodenal ulceration and a dilated bile duct

Annular pancreas is a rare congenital anomaly in which a ring of pancreatic tissue encircles the second part of the duodenum [1]. Here we present the endoscopic findings in two patients with annular pancreas, including the first endoscopic ultrasound (EUS) video to be published of the condition, illustrating the pancreatic duct coursing around the duodenum.

Our first patient was a 70-year-old man who presented with severe anemia. Esophagogastroduodenoscopy showed narrowing of the second part of the duodenum with ulceration and contact bleeding (Fig. 1). Biopsies did not reveal any malignancy or evidence of Helicobacter pylori infection. Abdominal computed tomography (CT) showed a ring of pancreas encircling the duodenum (Fig. 2). The patient was discharged with a prescription for omeprazole. At follow-up more than a year later, there was no outlet obstruction and the anemia had resolved. Magnetic resonance imaging (MRI) confirmed the presence of annular pancreas (Fig. 3).

Our second patient was a 59-year-old man with Ogilvie’s syndrome. Abdominal CT revealed a 15-mm dilated common bile duct (CBD) along with dilated bowel loops. Liver function tests were normal. Radial EUS evaluation of the biliary tree did not show any stone or stricture, but the pancreas and pancreatic duct were seen encircling the second part of the duodenum and merging with the distal CBD at the ampulla (Video 1). The dilated CBD was attributed to the annular pancreas.

Annular pancreas was first described by Tiedemann in 1818 and named by Ecker in 1862 [2]. Symptomatic anemia and a dilated CBD are extremely rare presentations of annular pancreas [3,4]. The diagnosis of this condition can be confirmed by EUS, CT, or MRI [5].

Competing interests: None

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References
1 Jadvar H, Mindelzun RE. Annular pancreas in adults: imaging features in seven patients. Abdom Imaging 1999; 24 (Suppl. 02): 174–177
2 Ecker A. Bildungsfehler des Pankreas und des Herzens. Z Rat Med 1862; 14: 354
3 Green JD, Fieber SS, Buniak B. Annular pancreas with dilated biliary and pancreatic ducts. Am J Gastroenterol 1993; 88 (Suppl. 03): 467–468

Bibliography
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Fig. 4 a, b Endoscopic ultrasound (EUS) view of the second part of the duodenum. The dilated common bile duct (CBD) is seen lying medial to the portal vein (PV) and the pancreatic parenchyma is encircling the transducer. The pancreatic duct (PD) is seen intermittently coursing from the genu at 8 o’clock around the transducer in a counterclockwise fashion to the 12 o’clock position (arrowheads).