



Gull Pancreas: A Case Report

Martı Pankreas: Bir Olgu Sunumu

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Abstract

The normal anatomical location of the pancreas behind the bursa omentalis, the stomach and transverse colon, starting from the curvature of the duodenum until the spleen extends transversely and upward. Lobulations considered to be variational in the pancreatic tail section were determined in a 67-year-old male patient coming to Inonu University Turgut Ozal Medical Center Urology Department with urinary burning complaint and diagnosed with benign prostatic hyperplasia. As a consequence pancreas likened to gull was named gull pancreas in the result of CT.

Keywords: Pancreas, gull, anomaly, radiology

Öz

Normal anatomik yerleşim olarak küçük periton boşluğu bursa omentalis, mide ile transvers kolon'un arkasında bulunan pankreas, duodenumun kavsinden başlayarak dalağa kadar transvers ve yukarı doğru uzanmaktadır. İnönü Üniversitesi Turgut Özal Tıp Merkezi Üroloji Polikliniği'ne idrarda yanma şikâyeti ile gelen ve kendisine benign prostat hiperplazisi ana tanısı konan 67 yaşında erkek bir hastada pankreas kuyruk kesimde varyasyonel olduğu düşünülen lobülasyonlar olduğu tespit edildi. Pankreasın şekli çekilen BT sonucunda martıya benzetildiği için martı pankreas olarak isimlendirildi.

Anahtar Kelimeler: Pankreas, martı, anomali, radyoloji

INTRODUCTION

Pancreas between the 4th and 7th weeks of the intrauterine period develops from the dorsal and ventral pancreas buds of endoderm cells on the inner face of the duodenum. The dorsal pancreas bud developing faster than the ventral pancreas bud is located in the cranial part of the hepatic diverticulum, whereas there is a ventral pancreas in the caudal area of the hepatic diverticulum (1, 2). The cranial part of the pancreas hood, corpus and caudal evolve out of the dorsal bud, while the inferior part of caput pancreas and processus uncinatus develops from the ventral bud (1, 3-5). The pancreas whose length is 12-15 cm if the cadaver is removed and 20 cm without fixation, which is at the level of the L1-L3 vertebrae in the vertebral column, is a secondary retroperitoneal organ (1, 2, 6-9). Pancreas soft, yellowish-slightly reddish in color, has approximately 15 cm thick and 1 cm wide as well as 80 g for women and 100 g for men. The pancreas has four sections including

caput pancreatic, column pancreatic, corpus pancreatic and caudal pancreatic, in addition to processus uncinatus admitted being an accessory lop (10-12). In this study, a case of pancreas larger than normal will be presented. As a matter of fact that such a presentation was not found before.

Case Presentation

The case was detected in 2017 in a 67-year-old male patient coming to Inonu University Turgut Ozal Medical Center with the urinary burning complaint and diagnosed as benign prostatic hyperplasia. In the result of CT, it was revealed that his pancreas was larger than normal. It is observed that there were lobulations considered to be variational in the tail of the pancreas starting from the abdominal wall and forming a fold in the anterior part of the left renal veins and ending by creating lobulations. Ultimately, the shape of the pancreas resembling a gull was called to be a gull pancreas (Figure 1).

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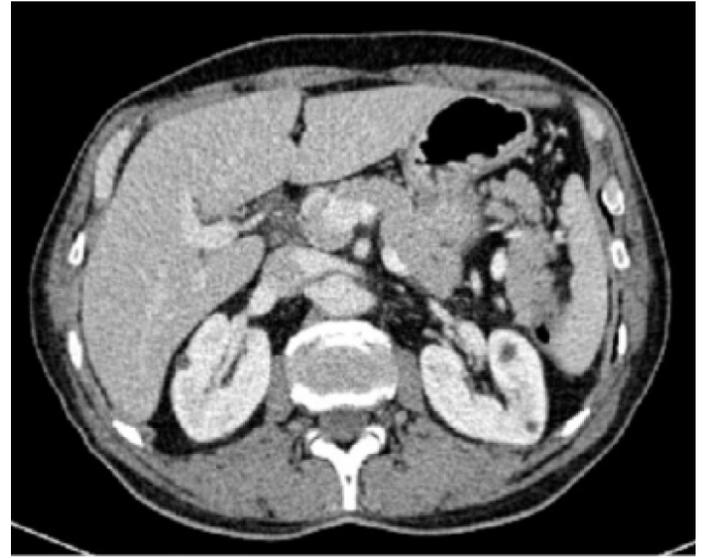
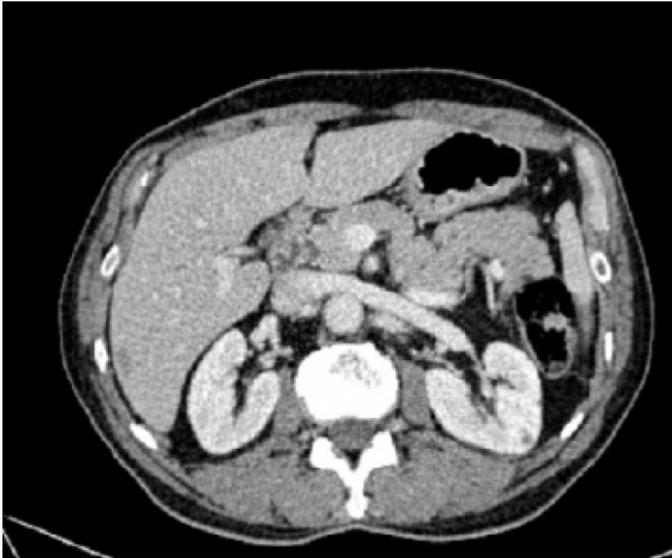


Figure 1. Gull-shaped pancreas in axial-contrast

DISCUSSION

There are many variations and anomalies for the pancreas. However, we rarely see anomalies encountered clinically and problematic. Ectopic pancreas, dorsal or ventral pancreas agenesis, pancreas divisum, annular pancreas, ductal anomalies are defined as congenital developmental anomalies of the pancreas. First of all, rotation and fusion in pancreatic buds are known as critical developments playing a role in the occurrence of anomalies in the embryological period (13,14). Firstly, the ectopic pancreatic tissue is usually seen in the lower mucosa of the gastric antrum (30%), in the proximal portion of the duodenum (30%), in the remaining duodenum (20%) or in other parts of the small intestine (20%) (15). Furthermore, the incidence of pancreas agenesis is low. The reason why it gives rise to severe delay is to lead to diabetes mellitus and malabsorption what is more cases usually result in death (16,17). Besides, pancreas divisum a paramount anatomic variation with the prevalence of 4%-10% appears as the opening of the dorsal and ventral ducts in the duodenum in different ways (18,19).

Also, annular pancreas occurring with the surrounding the second part of the duodenum starting from caput pancreatic is a congenital anomaly. It has been reported that annular process is associated with Down's syndrome, tracheo-esophageal fistula, cardiac anomalies and intestinal malrotation (20). As mentioned above, pancreas variation and anomaly are commonly seen. Yet, a gull-shaped variation has not been described previously. On top of that, in this case report, pancreatic rejection, which is not seen in the literature was presented and information about the location and dimensions of pancreas was given according to normal human anatomy. We believe that this study will be a resource for further studies as well as contributing to the physicians working on pancreas.

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