

The Crossing Duct Sign of Pancras Divisum

Sara Essetti*, Kaoutar Imrani, Chaymae Faraj, Sara Ez-zaky, Nabil Moatassim Billah and Itimad Nassar

Department of Central Radiology, Ibn Sina University Hospital Center, Mohammed V University, Morocco

Pancreas divisum is the most common congenital malformation of the pancreatic ductal system, it has been reported to affect approximately 4-14% of the general population [1].

It results from failure of fusion of dorsal and ventral pancreatic duct during the early weeks of embryonic life (6-8 weeks). As a result, the dorsal duct (Santorini duct) drains most of the pancreatic parenchyma through the minor papilla, whereas the ventral duct (duct of Wirsung) drains a portion of the pancreatic head and uncinate process, through the major papilla [2].

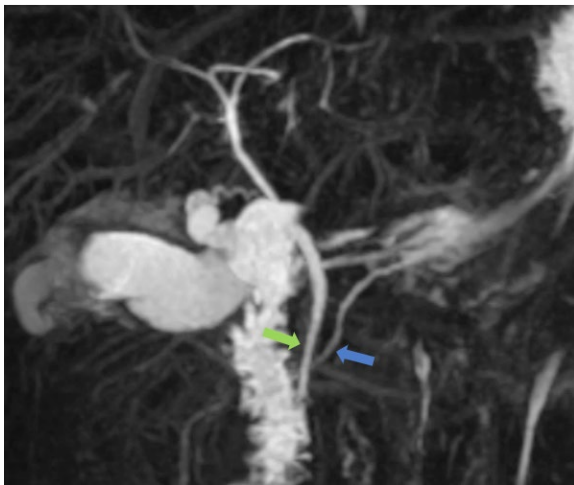


Figure 1: Coronal MIP image from a MRCP showing the dorsal duct (blue arrow) crossing the intrapancreatic common bile duct (green arrow) to drain into the minor papilla.

Most patients with pancreas divisum are asymptomatic; however, it has been considered as a predisposing factor for chronic abdominal pain and recurrent idiopathic pancreatitis [3].

Magnetic resonance cholangiopancreatography (MRCP) is the modality of choice for diagnosis. It shows the typical crossing duct sign (Figure 1) which refers to the joining of the main pancreatic duct (dorsal) into the accessory papilla, crossing over the common bile duct (CBD), which joins with the ventral pancreatic duct into the duodenum at the major papilla.

The treatment of pancreas divisum is typically reserved for symptomatic patients [4]. Endoscopic sphincterotomy is considered the first-line treatment.

References

1. Kim HJ, Kim MH, Lee SK, Seo DW, KimYT, et al. (2022) Normal structure, variations, and anomalies of the pancreaticobiliary ducts of Koreans: a nationwide cooperative prospective study. *Gast rointest Endosc* 55: 889-896.
2. Guirat A, Abid M, Amar MB, Rebai W, Beyrouti MI (2009) Pancréas divisum. *La Presse Médicale* 38: 1353-1359.
3. Mortelé K, Rocha T, Streeter J, Taylor A (2006) Multimodality Imaging of Pancreatic and Biliary Congenital Anomalies. *Radiographics* 26: 715-731.
4. Morgan D, Logan K, Baron T, Koehler R, Smith J (1999) Pancreas Divisum: Implications for Diagnostic and Therapeutic Pancreatography. *AJR Am J Roentgenol* 173: 193-198.

***Corresponding author:** Sara Essetti, Central Radiology Department, Ibn Sina University Hospital Center, Mohammed V University, Morocco, E-mail: s.essetti@gmail.com

Received: 04-Mar-2024, Manuscript No: roa-24-130692, **Editor assigned:** 06-Mar-2024, Pre-QC No: roa-24-130692 (PQ), **Reviewed:** 20-Mar-2024, QC No: roa-24-130692, **Revised:** 25-Mar-2024, Manuscript No: roa-24-130692 (R), **Published:** 29-Mar-2024, DOI: 10.4172/2167-7964.1000547

Citation: Sara E, Imrani K, Faraj C, Ez-zaky S, Billah NM, et al. (2024) The Crossing Duct Sign of Pancras Divisum. *OMICS J Radiol* 13: 547.

Copyright: © 2024 Sara E, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.