Re: Heterotopic Pancreatitis with Obstruction of the Major Duodenal Papilla

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We read with great interest the case report of Obermaier et al. which they coined as ‘Heterotopic pancreatitis with obstruction of the major duodenal papilla’ (Pancreatology 2004;4:244–248).

Inflammation of the duodenal wall and adjacent pancreatic tissue secondary to cystic dilatation and inflammation of ectopic pancreatic tissue in the periampullary duodenum has been described previously in the literature as cystic dystrophy of the duodenal wall in heterotopic pancreas [1] or groove pancreatitis [2]. This condition is not infrequent, its incidence being reported as representing 11–24% of pancreaticoduodenectomies [3, 4]. Our own series of 8 cases [unpubl. data] had similar features, as in the case report by Obermaier et al. We classified these as ‘groove pancreatitis’ in keeping with the data from literature. Preoperative diagnosis was established in 5 cases based on characteristic CT and endoscopic ultrasound findings [5, 6]. CT typically demonstrated significant soft tissue thickening, with or without cystic change, involving the medial wall of duodenum and the interface between duodenum and pancreas. Not infrequently, the findings in the pancreatic head itself were fairly unremarkable. We have found endoscopic ultrasound to be a superb technique for demonstrating the cystic changes in the duodenal wall and use it to confirm a diagnosis initially suggested by CT. Histology confirmed in each case the inflammatory nature of the changes involving the duodenal wall and pancreaticoduodenal interface, and the presence of inflamed, cystically dilated ducts of ectopic pancreatic tissue within the periampullary duodenal wall. Patients presented with abdominal pain, which had often existed for several years, and symptoms related to duodenal obstruction. Obstructive jaundice has been reported to occur in 10–20% of cases [1, 5]. Alcohol is discussed as an important, albeit not exclusive, pathogenetic factor, as more than 60% of patients have a history of high alcohol intake [7].

We assume the authors are aware of this condition known as ‘groove pancreatitis’ and would be interested to know how they believe their case differs and deserves recognition as a separate entity.

References