

## Clinical Image

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# The crossing duct sign of pancreas divisum

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### Description

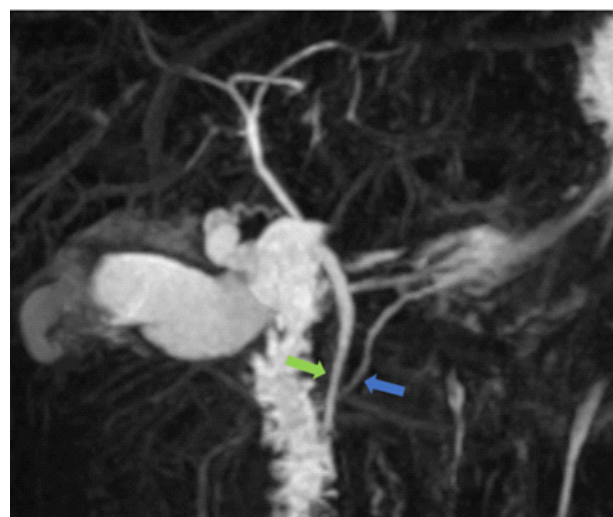
Pancreas divisum is the most common congenital malformation of the pancreatic ductal system, it has been reported to affect approximately 4-14% of the general population [1].

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 uncinete process, through the major papilla [2].

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.



**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.

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