

Groove Pancreatitis is Rare but Important to Recognize

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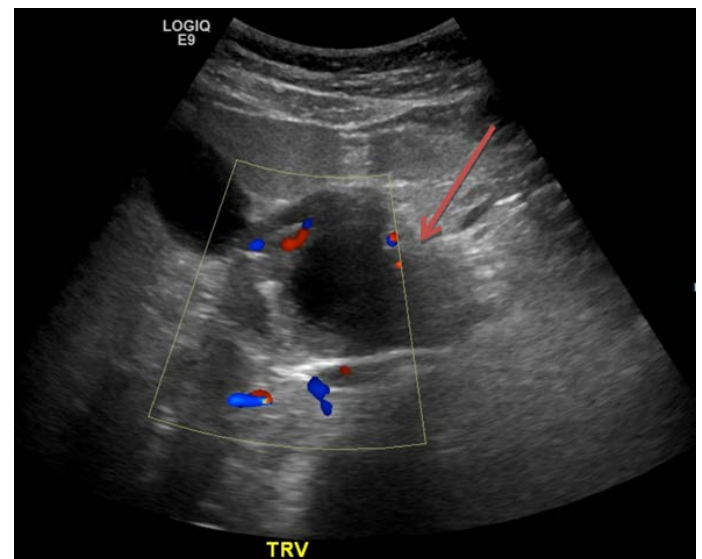
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Groove pancreatitis is an extremely rare form of chronic pancreatitis found in the superior aspect of the pancreatic head, the duodenum, and the common bile duct [1]. There are only a few descriptions in the radiology and pathology literature and many radiologists remain unfamiliar with the entity, even in the most specialized centers. It is extraordinarily difficult to distinguish groove pancreatitis from malignancy solely based on imaging studies. Many patients with this entity unnecessarily undergo a pancreaticoduodenectomy (Whipple procedure) because of an inability to exclude malignancy. Herein, we report on a patient who was seen at our tertiary referral medical center with groove pancreatitis.

42 year old man with a significant history of alcohol abuse (a pint of vodka daily) for 30 years presented with a 2-week history of nausea, vomiting, abdominal pain, and diarrhea. He was hemodynamically stable and his physical exam was only notable for epigastric tenderness. His labs were unremarkable without leukocytosis or electrolyte abnormalities except for mild elevation in lipase at 77. A doppler ultrasound of his abdomen revealed a complex, heterogeneously echogenic area with internal cystic features (5.8 cm) in the porta hepatis/peripancreatic region (Figure 1). CT scan showed mixed soft

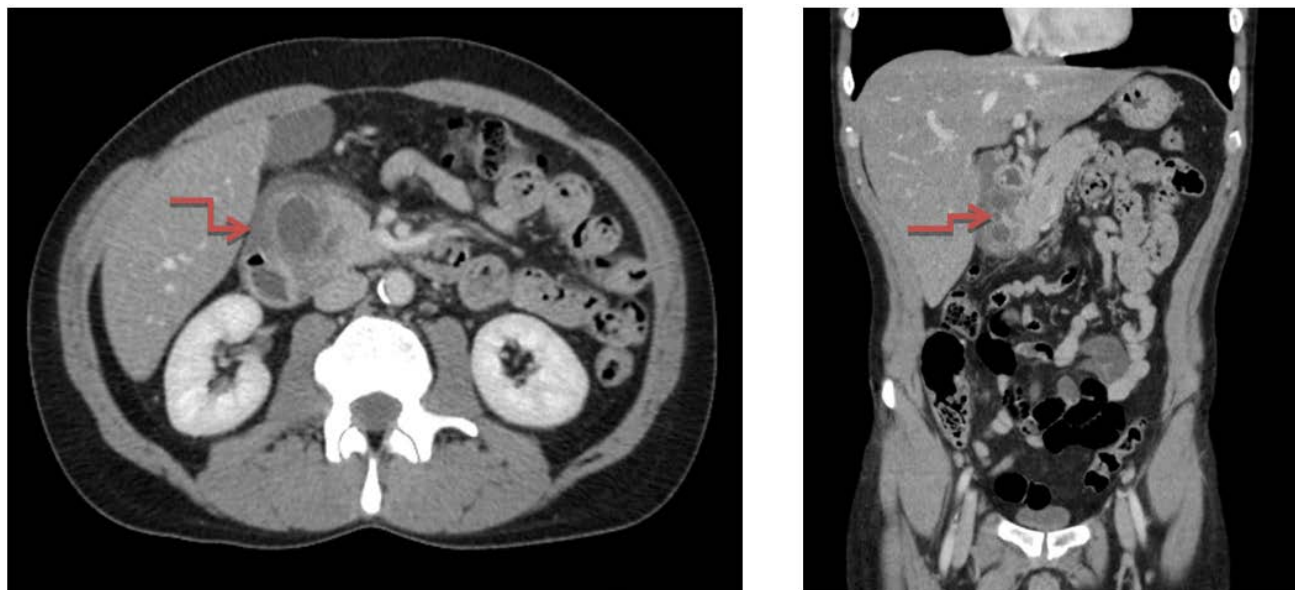
tissue/cystic masses in the pancreaticoduodenal groove, without evidence of pancreatic or biliary ductal dilatation (Figure 2). An MRI also showed a fibrous and cystic mass centered in the pancreaticoduodenal groove suggestive of groove pancreatitis (Figure 3). The patient was treated supportively with IV hydration and pain management. His symptoms improved without further intervention and he was discharged to home with outpatient alcohol rehabilitation program. Although there were no further imaging studies to document resolution of his pancreatitis, he did not have recurrent abdominal pain after the hospital discharge with alcohol abstinence.

Figure 1 - US



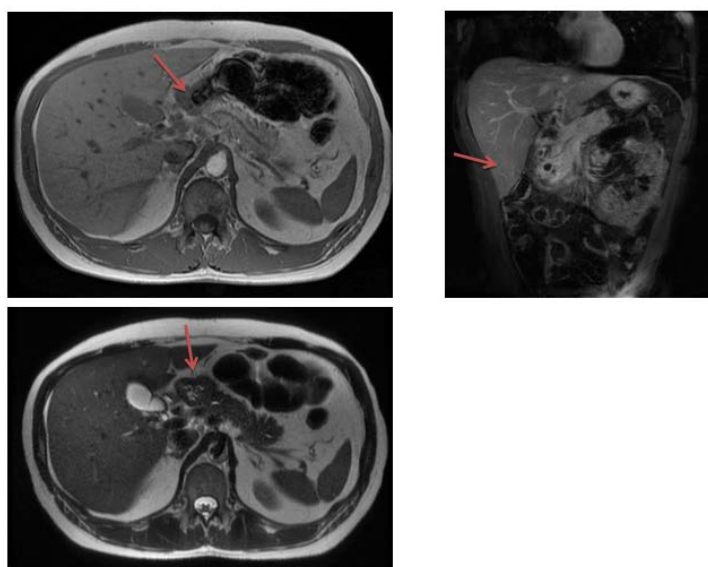
A complex, heterogeneously echogenic area with internal cystic features (red arrow) is seen measuring up to 5.8 cm in porta hepatis/peripancreatic region.

Figure 2 – CT



Mixed soft tissue/cystic mass (red arrows) identified in the pancreaticoduodenal groove. The lesion is intimately post with the medial duodenum wall and the pancreatic head and uncinate process. There is no evidence of gross pancreatic or biliary ductal dilatation.

Figure 3 – MRI



The fibrous and cystic mass (red arrows) centered in the pancreaticoduodenal groove is very strongly suggestive of groove pancreatitis in a middle aged alcoholic male patient.

References

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