

UNDERSTANDING PANCREAS DIVISUM

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WHAT IS PANCREAS DIVISUM?

- Pancreas Divisum is an anomaly that is present at birth in the ducts of the pancreatic.
- The pancreas is located behind the stomach and produces enzymes that are essential for the digestion of food.
- The digestive enzymes are in the form of juices to help drain the pancreas through the pancreatic duct into the uppermost portion of the small intestine, the duodenum, where it aids in digesting food.



WHAT CAUSES PANCREAS DIVISUM?

The pancreas is in two parts when the human embryo starts life. Each part has its own duct; the ventral duct and the dorsal duct. The parts fuse together to make one main pancreatic duct during development. The main duct will combine with the duct that drains the bile from the gallbladder and the liver to form a common bile along with the pancreatic duct, which drains through the major papilla into the duodenum.

If the dorsal and the ventral ducts fail to fuse, this is called pancreas divisum. In result of pancreas divisum, the dorsal duct will drain into a separate minor papilla and the ventral duct will drain into the major papilla.

SYMPTOMS OF PANCREAS DIVISUM

Most people that are born with pancreas divisum don't experience any symptoms throughout life, are undiagnosed and do not need treatment. If they do experience symptoms, they are:

- Repeated episodes of pancreatitis
- Abdominal pain from pancreatitis
- Severe complications
- May develop chronic abdominal pain without pancreatitis

HOW IS PANCREAS DIVISUM DIAGNOSED?

Pancreas divisum is diagnosed using a test called the ERCP, endoscopic retrograde cholangio-pancreatography. This test can determine if the two pancreatic ducts are draining separately. Unfortunately, the ERCP test itself can cause attacks of pancreatitis sometimes. There are two other tests, endoscopic ultrasound (EUS) and MRI (magnetic resonance imaging), that can be performed to help diagnose pancreas divisum without having the risk of pancreatitis attacks.

TREATMENT

You do not need treatment for pancreas divisum if you are asymptomatic. A treatment plan has not been established for patients experiencing abdominal pain and recurrent pancreatitis related to pancreas divisum. Most doctors will try cutting the minor papilla during ERCP to enlarge its opening, which is called sphincterotomy. Other doctors may insert a stent into the duct during ERCP to avoid duct blockage in the future. These procedures do come with risks. The best case scenario for people with symptomatic pancreas divisum is to be seen and treated by a doctor that has experience treating pancreatic diseases.

For more information regarding treatment options available for you, **please contact Singaram Gastroenterology at 605-310-2000.**

RESOURCES

https://www.medicinenet.com/pancreas_divisum/article.htm

