

Multidisciplinary Teaching Atlas of the Pancreas



Radiological, Surgical,
and Pathological Correlations

Javier Casillas
Joe U. Levi
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Roberto Ruiz-Cordero
Monica T. Garcia-Buitrago
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 Springer

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ISBN 978-3-662-46744-2 ISBN 978-3-662-46745-9 (eBook)
DOI 10.1007/978-3-662-46745-9

Library of Congress Control Number: 2015949157

Springer Heidelberg New York Dordrecht London
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Printed on acid-free paper

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*Wherever the art of medicine is loved, there is also a love of
Humanity*

Hippocrates

I dedicate this book to my beloved wife and best friend Paty; to my children Javier, Patricio, and Emilio for their patience and encouragement to make this book possible; and to the youngest members of the family, my grandsons Nicolas and Sebastian.

To my mother and in memory of my father for their love and support throughout my life.

Javier Casillas

To my wife Linda, for putting up with me for 45 years; to all the surgery residents who have trained in our hepatobiliary and pancreas service, and to the future residents who will use this atlas as an invaluable resource.

Joe Levi

Acknowledgment

I would like to express my deep gratitude to those who assisted us in creating this multidisciplinary teaching atlas.

My deepest appreciation for the vital efforts of my assistant Merlen Sánchez for the countless hours she spent on the difficult task of proofreading, editing, typing, and retyping this manuscript, for the invaluable time and editing efforts of Danea Campbell, M.D., as well as for the important contribution of Michelle Cubas, Maria Martinez, Jesus Irajacy Fernandez da Costa, M.D., Leopoldo Arosemena, M.D., Fernando Calmet, M.D., Pooja Sheth, M.D., Camilo Andres Velasquez, M.D., Edward Russell, M.D., Eduardo Campuzano, B.S., R.T., and to all the ultrasound technologists that helped compile the images.

My gratitude also goes to Chris Granville, M.D., and Ivan Peña for their work in creating the beautiful illustrations, and to Adel Bashirimoghaddam for formatting the photographs included in this atlas.

Special thanks to those radiologists who graciously permitted us to use their images to supplement this book.

I am immensely grateful for the unwavering support provided by my colleagues Beatrice Madrazo, M.D., Patricia Castillo, M.D., and Bernard Beber, M.D., in making this project possible.

Finally, a special acknowledgment to all the general surgery residents that have rotated through the hepatobiliary and pancreas service E2 at Jackson Memorial Hospital in the last 25 years. Their efforts were paramount in the collection of the invaluable material within in this book.

J Casillas, M.D.

Contents

Part I General

1 Embryology of the Pancreas and Normal Variants	3
1.1 Self-Assessment Questions	3
1.2 Organogenesis of the Pancreas	5
1.3 Congenital Disorders of the Pancreas	6
1.3.1 Agenesis of the Pancreas	6
1.3.2 Pancreatic Divisum.	11
1.3.3 Annular Pancreas	14
1.3.4 Portal Annular Pancreas	20
1.3.5 Arterial Annular Pancreas (Intrapancreatic Hepatic Artery).	23
1.3.6 Concurrent Portal and Arterial Annular Pancreas	25
1.3.7 Heterotopic Pancreas	27
1.3.8 Bifid Tail of the Pancreas (Pancreas Bifidum)	33
1.3.9 Ansa Pancreatica.	35
1.4 Normal Variants of the Pancreas	36
1.4.1 Variations of Pancreatic Contour	36
1.5 Fatty Replacement of the Pancreas	39
1.5.1 Diffuse Fatty Replacement of the Pancreas	39
1.5.2 Focal Fatty Replacement of the Pancreas.	43
1.6 Teaching Points	46
Recommended References	47
2 Anatomy of the Pancreas	49
2.1 Self-Assessment Questions	49
2.2 Gross Anatomy	50
2.2.1 Pancreatic Divisions and Anatomic Relationships.	52
2.2.2 Pancreatic and Biliary Duct System.	54
2.2.3 Arterial Blood Supply.	63
2.2.4 Venous Drainage.	68
2.2.5 Lymphatic System of the Pancreas.	70
2.2.6 Innervation of the Pancreas	71
2.3 Teaching Points	72
Recommended References	72

3 Histology of the Pancreas	73
3.1 Self-Assessment Questions	73
3.2 Histology of the Pancreas	74
3.2.1 Exocrine Pancreas	74
3.2.2 Endocrine Pancreas	75
3.3 Teaching Points	77
Recommended References	78
4 Physiology of the Pancreas	79
4.1 Self-Assessment Questions	79
4.2 Introduction	80
4.3 Physiology of the Exocrine Pancreas	81
4.3.1 Pancreatic Juice	82
4.3.2 Main Regulators of the Exocrine Pancreas	83
4.3.3 Secretion Patterns of the Exocrine Pancreas	84
4.4 Physiology of the Endocrine Pancreas	85
4.4.1 Main Hormones of the Endocrine Pancreas	86
4.5 Teaching Points	88
Recommended References	89
5 Imaging of the Pancreas	91
5.1 Self-Assessment Questions	91
5.2 Imaging of the Pancreas	92
5.2.1 Ultrasound	92
5.2.2 Multidetector Computed Tomography	103
5.2.3 Magnetic Resonance Imaging (MRI)	111
5.2.4 PET/CT of the Pancreas	118
5.2.5 Somatostatin Receptor Scintigraphy (Octreotide Scan)	125
5.2.6 Endoscopic Retrograde Cholangiopancreatography (ERCP)	128
5.3 Teaching Points	130
Recommended References	131

Part II Cystic Masses of the Pancreas

6 Serous Cystadenoma (SCA)	135
6.1 Self-Assessment Questions	135
6.2 Introduction	136
6.3 Histopathology	136
6.3.1 Macroscopic Appearance	136
6.3.2 Microscopic Appearance	141
6.4 Clinical Presentation	142
6.5 Laboratory Evaluation	142
6.6 Imaging	142
6.6.1 Ultrasound (US)	142
6.6.2 Computed Tomography (CT)	148
6.6.3 Magnetic Resonance Imaging (MRI)	173
6.6.4 Differential Diagnosis (CT/ MRI)	193

6.7	Treatment	193
6.8	Von Hippel-Lindau (VHL) Syndrome	194
6.9	Teaching Points	199
	Recommended References	199
7	Mucinous Cystic Neoplasm of the Pancreas (MCN)	201
7.1	Self-Assessment Questions	201
7.2	Introduction	202
7.3	Histopathology	202
7.3.1	Macroscopic Appearance	202
7.3.2	Microscopic Appearance	205
7.4	Clinical Presentation	208
7.5	Laboratory Evaluation	208
7.6	Imaging	208
7.6.1	Ultrasound (Transabdominal, Endoscopic, Intraoperative)	208
7.6.2	Computed Tomography (CT)	210
7.6.3	Magnetic Resonance Imaging (MRI)	224
7.6.4	Differential Diagnosis	237
7.7	Treatment	239
7.8	Prognosis	239
7.9	Teaching Points	239
	Recommended References	240
8	Intraductal Papillary Mucinous Neoplasm (IPMN)	241
8.1	Self-Assessment Questions	241
8.2	Introduction	242
8.3	Anatomic Classification	243
8.4	Histopathology	244
8.4.1	Macroscopic Characteristics	244
8.4.2	Microscopic Characteristics	251
8.4.3	IPMNs Epithelial Subtypes	251
8.4.4	Molecular Abnormalities Associated with IPMNs	253
8.5	Clinical Presentation	253
8.6	Laboratory Evaluation	253
8.7	Imaging	253
8.7.1	Ultrasound	254
8.7.2	Contrast-Enhanced Computed Tomography (CECT) and Magnetic Resonance Imaging (MRI)	258
8.7.3	Positron Emission Tomography/Computed Tomography (PET/CT)	324
8.8	Extrapancreatic Malignancies	324
8.9	Treatment	324
8.10	Teaching Points	326
	Recommended References	327

9 Solid Pseudopapillary Tumor of the Pancreas	329
9.1 Self-Assessment Questions	329
9.2 Introduction	330
9.3 Histopathology	330
9.3.1 Macroscopic Appearance	330
9.3.2 Microscopic Appearance	332
9.4 Clinical Presentation	333
9.5 Laboratory Evaluation	333
9.6 Imaging	333
9.6.1 Ultrasound (US)	333
9.6.2 Contrast-Enhanced Computed Tomography (CECT)	337
9.6.3 Magnetic Resonance Imaging (MRI)	359
9.6.4 Differential Diagnosis	361
9.7 Treatment	361
9.8 Teaching Points	361
Recommended References	362

Part III Solid Masses of the Pancreas

10 Pancreatic Neuroendocrine Neoplasms (PNENs)	365
10.1 Self-Assessment Questions	366
10.2 Introduction	367
10.3 Histopathology	367
10.3.1 Macroscopic Appearance	367
10.3.2 Microscopic Appearance	370
10.3.3 Immunohistochemical Endocrine Markers	371
10.3.4 World Health Organization (WHO) Classification	372
10.4 Nonfunctional PNEN	373
10.4.1 Epidemiology	373
10.4.2 Clinical Presentation	374
10.4.3 Laboratory Evaluation	374
10.4.4 Imaging	374
10.5 Functional Pancreatic Neuroendocrine Tumors (PNENs)	429
10.5.1 Insulinomas	430
10.5.2 Gastrinoma (Zollinger-Ellison Syndrome)	442
10.5.3 Glucagonoma	454
10.5.4 Vasoactive Intestinal Peptide-Secreting Tumor (VIPoma)	456
10.5.5 Somatostatinoma	458
10.6 Other Functioning PNENs	462
10.7 Syndromes Associated with PNEN	467
10.7.1 Multiple Endocrine Neoplasia Type I (Werner Syndrome)	467
10.7.2 Von Hippel-Lindau Syndrome (VHL)	469
10.7.3 Neurofibromatosis Type 1 (NFT1)	472
10.7.4 Tuberous Sclerosis (TS)	472

10.8	Poorly Differentiated Neuroendocrine Carcinomas (High-Grade Neuroendocrine Carcinomas)	472
10.8.1	Clinical Symptoms	472
10.8.2	Imaging (CT/MR)	472
10.9	Staging System of Pancreatic Endocrine Tumors.	475
10.10	Treatment of PNEN: Surgery	475
10.11	Prognosis of PNEN.	476
10.12	Teaching Points.	477
	Recommended References	479
11	Pancreatic Ductal Adenocarcinoma (PDAC)	481
11.1	Self-Assessment Questions	482
11.2	Introduction	482
11.3	Risk Factors	483
11.4	Location	483
11.5	Histopathology	484
11.5.1	Macroscopic Appearance	484
11.5.2	Microscopic Appearance	485
11.5.3	Histologic Grading	486
11.5.4	Immunohistochemical Findings	488
11.5.5	Other Histomorphologic Variants	488
11.6	Clinical Presentation.	490
11.7	Laboratory Evaluation and Tumor Markers	491
11.8	Imaging.	491
11.8.1	Ultrasound	492
11.8.2	Computed Tomography (CT)	496
11.8.3	Magnetic Resonance (MR) and MR Cholangiopancreatography (MRCP)	526
11.8.4	Endoscopic Retrograde Cholangiopancreatogram (ERCP)	543
11.8.5	18-Fluorodeoxyglucose (FDG) PET/CT	544
11.9	Preoperative Biopsy of Pancreatic Carcinoma	547
11.10	Staging Systems	548
11.10.1	The American Joint Committee on Cancer (AJCC) TNM System	548
11.10.2	NCCN (National Comprehensive Cancer Network) Criteria or the AHPBA/SSAT/SSO (American Hepato- Pancreato-Biliary Association/Society for Surgery of the Alimentary Tract/Society of Surgical Oncology)	549
11.11	Treatment	549
11.11.1	Resectable Tumors	549
11.11.2	Unresectable Tumors	550
11.12	Prognosis	550
11.13	Teaching Points.	551
	Recommended References	552

12	Pancreatic Metastases	553
12.1	Self-Assessment Questions	553
12.2	Introduction	554
12.2.1	Renal Cell Carcinoma (RCC) Metastases	554
12.3	Clinical Presentation	555
12.4	Laboratory Evaluation	555
12.5	Imaging	555
12.5.1	Differential Diagnosis (Imaging)	577
12.6	Treatment	577
12.6.1	Surgical Procedures in Renal Cell Carcinoma (RCC)	577
12.7	Prognosis	577
12.8	Teaching Points	578
	Recommended References	578
13	Unusual Pancreatic Masses (UPA)	581
13.1	Self-Assessment Questions	581
13.2	Solitary Fibrous Tumor of the Pancreas (SFT)	582
13.2.1	Macroscopic Appearance	582
13.2.2	Microscopic Appearance	582
13.2.3	Clinical Evaluation	582
13.2.4	Laboratory Evaluation	582
13.2.5	Imaging	582
13.2.6	Differential Diagnosis	583
13.2.7	Treatment	583
13.3	Inflammatory Myofibroblastic Tumor of the Pancreas (IMT) (Pseudo-tumor)	585
13.3.1	Macroscopic Appearance	585
13.3.2	Microscopic Appearance	585
13.3.3	Clinical Evaluation	585
13.3.4	Laboratory	585
13.3.5	Imaging	585
13.3.6	Differential Diagnosis	585
13.3.7	Treatment	585
13.4	Pancreatic Lymphoma (PL)	589
13.4.1	Macroscopic Appearance	589
13.4.2	Microscopic Appearance	589
13.4.3	Clinical Presentation	589
13.4.4	Laboratory Evaluation	589
13.4.5	Imaging	589
13.4.6	Differential Diagnosis	590
13.4.7	Treatment	590
13.5	Acinar Cell Carcinoma (ACC)	604
13.5.1	Macroscopic Appearance	604
13.5.2	Microscopic Appearance	604
13.5.3	Clinical Presentation	604
13.5.4	Laboratory Evaluation	604
13.5.5	Imaging	604
13.5.6	Differential Diagnosis	605
13.5.7	Treatment	605

13.6	Granulocytic Sarcoma of the Pancreas (GS)	612
13.6.1	Macroscopic Appearance	612
13.6.2	Microscopic Appearance	612
13.6.3	Clinical Presentation	612
13.6.4	Laboratory Evaluation	612
13.6.5	Imaging	612
13.6.6	Differential Diagnosis	612
13.6.7	Treatment	612
13.7	Pancreatoblastoma	614
13.7.1	Macroscopic Appearance	614
13.7.2	Microscopic Appearance	614
13.7.3	Clinical Presentation	614
13.7.4	Laboratory Findings	614
13.7.5	Imaging	615
13.7.6	Differential Diagnosis	615
13.7.7	Treatment	615
13.8	Hemangioendothelioma of the Pancreas	617
13.8.1	Macroscopic Appearance	617
13.8.2	Microscopic Appearance	617
13.8.3	Clinical Presentation	617
13.8.4	Laboratory	617
13.8.5	Imaging	617
13.8.6	Differential Diagnosis	617
13.8.7	Treatment	617
13.9	Lipoma of the Pancreas (LP)	621
13.9.1	Macroscopic Appearance	621
13.9.2	Microscopic Appearance	621
13.9.3	Laboratory Findings	621
13.9.4	Clinical Evaluation	621
13.9.5	Imaging	621
13.9.6	Differential Diagnosis	621
13.9.7	Treatment	621
13.10	Granular Cell Tumor of the Pancreas (GCT)	624
13.10.1	Macroscopic Appearance	624
13.10.2	Microscopic Appearance	624
13.10.3	Clinical Presentation	624
13.10.4	Laboratory Evaluation	624
13.10.5	Imaging	624
13.10.6	Differential Diagnosis	624
13.10.7	Treatment	624
13.11	Lymphoepithelial Cysts of the Pancreas	626
13.11.1	Macroscopic Appearance	626
13.11.2	Microscopic Appearance	626
13.11.3	Clinical Presentation	626
13.11.4	Laboratory Evaluation	626
13.11.5	Imaging	626
13.11.6	Differential Diagnosis	626
13.11.7	Treatment	626

13.12	Cystic Lymphangioma of the Pancreas (CL)	633
13.12.1	Macroscopic Appearance	633
13.12.2	Microscopic Appearance	633
13.12.3	Clinical Presentation	633
13.12.4	Laboratory Evaluation	633
13.12.5	Imaging	633
13.12.6	Differential Diagnosis	633
13.12.7	Treatment	633
13.13	Foregut Cyst of the Pancreas	639
13.13.1	Macroscopic Appearance	639
13.13.2	Microscopic Appearance	639
13.13.3	Clinical Presentation	639
13.13.4	Laboratory Evaluation	639
13.13.5	Imaging	639
13.13.6	Differential Diagnosis	639
13.13.7	Treatment	639
13.14	Acinar Cell Cystadenoma of the Pancreas	641
13.14.1	Macroscopic Appearance	641
13.14.2	Microscopic Appearance	641
13.14.3	Clinical Presentation	641
13.14.4	Laboratory Evaluation	641
13.14.5	Imaging	641
13.14.6	Differential Diagnosis	641
13.14.7	Treatment	641
13.15	Squamoid Cystic Lesion of the Pancreas (Epidermoid Cyst)	644
13.15.1	Macroscopic Appearance	644
13.15.2	Microscopic Appearance	644
13.15.3	Clinical Presentation	644
13.15.4	Laboratory Evaluation	644
13.15.5	Imaging	644
13.15.6	Differential Diagnosis	644
13.15.7	Treatment	644
13.16	Intraductal Tubulopapillary Neoplasm of the Pancreas (ITPN)	647
13.16.1	Macroscopic Appearance	647
13.16.2	Microscopic Appearance	647
13.16.3	Clinical Presentation	647
13.16.4	Laboratory Evaluation	647
13.16.5	Imaging	647
13.16.6	Differential Diagnosis	647
13.16.7	Treatment	647
13.17	Hydatid Cyst of the Pancreas	650
13.17.1	Macroscopic Appearance	650
13.17.2	Microscopic Appearance	650
13.17.3	Clinical Presentation	650
13.17.4	Laboratory Evaluation	650
13.17.5	Imaging	650

13.17.6	Differential Diagnosis	651
13.17.7	Treatment	651
13.18	Tuberculosis of the Pancreas (TP)	655
13.18.1	Macroscopic Appearance	655
13.18.2	Microscopic Appearance	655
13.18.3	Clinical Presentation	655
13.18.4	Laboratory Evaluation	655
13.18.5	Imaging	655
13.18.6	Differential Diagnosis	655
13.18.7	Treatment	655
13.19	Intrapancreatic Accessory Spleen (IPAS)	658
13.19.1	Macroscopic Appearance	658
13.19.2	Microscopic Appearance	658
13.19.3	Clinical Evaluation	658
13.19.4	Imaging	658
13.19.5	Differential Diagnosis	658
13.19.6	Treatment	658
13.20	Splenic Artery Aneurysm (SAA)	664
13.20.1	Macroscopic Appearance	664
13.20.2	Microscopic Appearance	664
13.20.3	Clinical Presentation	664
13.20.4	Imaging	664
13.20.5	Differential Diagnosis	670
13.20.6	Treatment	670
13.21	Teaching Points	672
	Recommended References	675

Part IV Inflammatory Conditions of the Pancreas

14	Acute Pancreatitis (AP)	681
14.1	Self-Assessment Questions	682
14.2	Introduction	683
14.3	Pathophysiology	685
14.4	Histopathology	685
14.5	Etiology of Acute Pancreatitis	685
14.6	Clinical Presentation	686
14.7	Laboratory Evaluation	686
14.8	Differential Diagnosis	686
14.9	Phases of Acute Pancreatitis	686
14.9.1	Early Phase	686
14.9.2	Late Phase	687
14.10	Definition of Severity of Acute Pancreatitis	687
14.10.1	Atlanta Classification	687
14.11	Scoring Systems to Determine the Severity of Acute Pancreatitis	687
14.11.1	Bedside Index of Severity of Acute Pancreatitis	687
14.11.2	Harmless Acute Pancreatitis Score	688

14.11.3	Acute Physiologic and Chronic Health Examination (APACHE) II Score	688
14.11.4	Modified CT Severity Index	688
14.12	Imaging	688
14.12.1	Chest Radiographs	689
14.12.2	Abdominal Radiographs	691
14.12.3	Ultrasound	695
14.12.4	Contrast-Enhanced CT (CECT)	699
14.12.5	Magnetic Resonance (MR)	719
14.13	Treatment	726
14.13.1	Treatment Guidelines	726
14.13.2	Treatment of Infected Necrosis	727
14.13.3	Gallstone Pancreatitis Management	731
14.14	Acute Pancreatitis: Complications	731
14.14.1	Acute Peripancreatic Collection	731
14.14.2	Pancreatic Pseudocyst	734
14.14.3	Pancreatic Abscess	734
14.14.4	Hemorrhagic Pancreatitis	736
14.14.5	Pancreatic Fistula	739
14.14.6	Venous Thrombosis/Occlusion	741
14.14.7	Pseudoaneurysms	744
14.14.8	Gastric or Bowel Obstruction	747
14.14.9	Biliary Tract Obstruction	747
14.15	Teaching Points	748
	Recommended References	749
15	Chronic Pancreatitis (CP)	751
15.1	Self-Assessment Questions	751
15.2	Introduction	752
15.3	Pathogenesis	752
15.3.1	Theories	753
15.4	Histopathology	753
15.4.1	Macroscopic Appearance	753
15.4.2	Microscopic Appearance	754
15.5	Etiology	756
15.6	Clinical Presentation	756
15.7	Laboratory Evaluation	757
15.8	Imaging	757
15.8.1	Plain Abdominal Films	757
15.8.2	Ultrasound (US)	758
15.8.3	Computed Tomography (CT)	761
15.8.4	Magnetic Resonance	774
15.8.5	Endoscopic Retrograde Cholangiopancreatography (ERCP)	781
15.9	Paraduodenal Pancreatitis (Groove Pancreatitis GP)	784
15.9.1	Introduction	784
15.9.2	Pathogenesis (Controversial)	785
15.9.3	Hallmarks of Groove Pancreatitis	785

15.9.4	Groove Pancreatitis Forms	786
15.9.5	Clinical Presentation	786
15.9.6	Laboratory Evaluation.	786
15.9.7	Imaging	786
15.10	Treatment of Chronic Pancreatitis (CP)	792
15.11	Teaching Points.	793
	Recommended References	793
16	Pancreatic Pseudocyst.	795
16.1	Self-Assessment Questions	795
16.2	Introduction	796
16.3	Histopathology	796
16.4	Etiology	799
16.5	Clinical Presentation.	800
16.6	Laboratory Evaluation	800
16.7	Imaging.	800
16.7.1	Ultrasound (US)	800
16.7.2	Contrast-Enhanced Computed Tomography (CECT)	806
16.7.3	Magnetic Resonance (MR)	843
16.7.4	Differential Diagnosis	852
16.8	Pseudocyst: Natural History	853
16.9	Pseudocyst Management	853
16.9.1	Percutaneous Drainage Under US or CT	853
16.9.2	Endoscopic Drainage.	859
16.9.3	Surgical Drainage	861
16.9.4	Management of Pseudocyst Complications.	861
16.10	Teaching Points.	861
	Recommended References	861
17	Autoimmune Pancreatitis (AIP)	863
17.1	Self-Assessment Questions	863
17.2	Introduction	864
17.3	Histopathology	864
17.3.1	Macroscopic Appearance	864
17.3.2	Microscopic Appearance.	865
17.4	Clinical Presentation.	868
17.4.1	Type 1 AIP.	868
17.4.2	Type 2 AIP.	868
17.5	Laboratory Evaluation	868
17.6	Imaging.	868
17.6.1	Ultrasound (US)	869
17.6.2	Computed Tomography (CT)	874
17.6.3	Magnetic Resonance Imaging (MRI)	886
17.6.4	Endoscopic Retrograde Cholangiopancreatography (ERCP)	890
17.6.5	PET/CT	890
17.6.6	Extrapancreatic Manifestations (AIP)	890

17.7 Diagnosis Criteria	894
17.8 Treatment	895
17.9 Teaching Points	895
Recommended References	896

Part V Trauma of the Pancreas

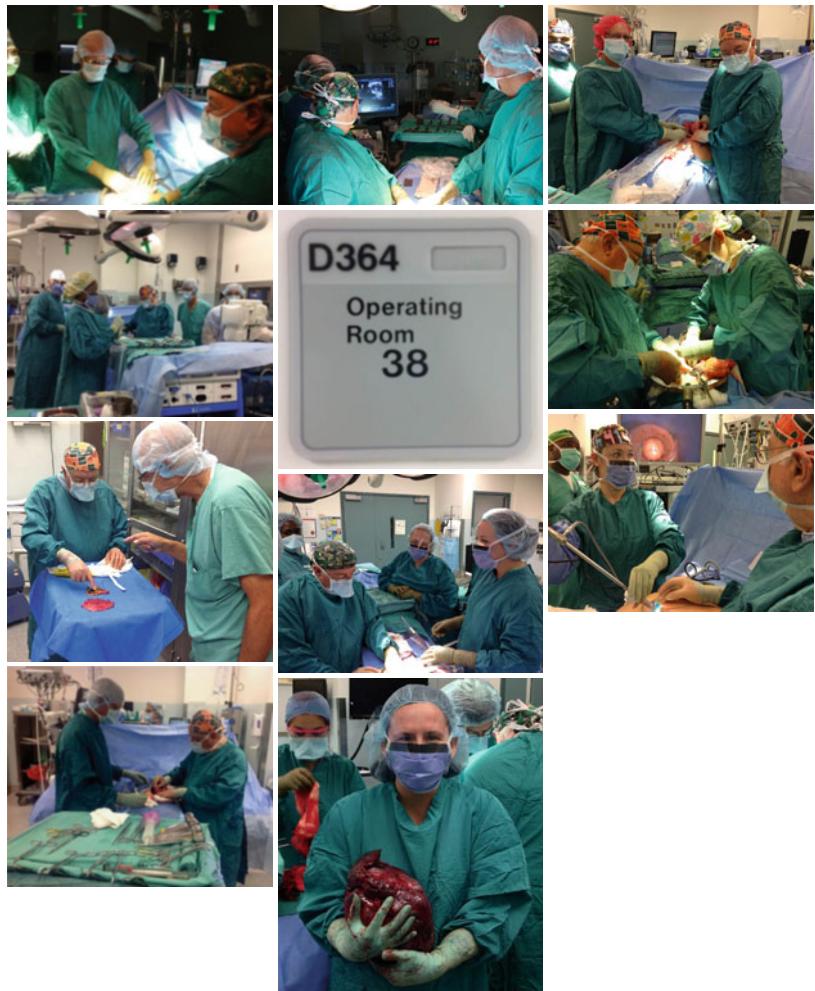
18 Pancreatic Trauma	899
18.1 Self-Assessment Questions	899
18.2 Introduction	900
18.3 Etiology	900
18.4 Grading System: Organ Injury Scale (OIS).....	901
18.5 Clinical Diagnosis	902
18.6 Laboratory Evaluation	902
18.7 Imaging	902
18.7.1 Contrast-Enhanced Computed Tomography (CECT)	902
18.7.2 Endoscopic Retrograde Cholangiopancreatography (ERCP).	916
18.8 Treatment	916
18.8.1 Nonoperative Management	916
18.8.2 Surgical Treatment.....	916
18.9 Complications	917
18.10 Teaching Points	918
Recommended References	918

Part VI Pancreatic Surgery

19 Surgical Procedures of the Pancreas.....	921
19.1 Self-Assessment Questions	921
19.2 Pancreaticoduodenectomy (PD).....	922
19.2.1 Indications	923
19.2.2 Preoperative Considerations	924
19.2.3 Operative Technique	924
19.2.4 Postoperative Care	938
19.2.5 Postoperative Complications	939
19.3 Distal Pancreatectomy	951
19.3.1 Indications	951
19.3.2 Preoperative Considerations	952
19.3.3 Operative Technique	952
19.4 Central (Middle) Pancreatectomy	960
19.4.1 Indications	960
19.4.2 Operative Technique	960
19.4.3 Postoperative Complications	962
19.5 Enucleation Procedure	963
19.5.1 Indications	963
19.5.2 Technique.....	964
19.5.3 Postoperative Complications	965

19.6	Total Pancreatectomy	965
19.6.1	Indications	966
19.6.2	Operative Technique	966
19.6.3	Postoperative Complications	967
19.7	Lateral Pancreaticojejunostomy	967
19.7.1	Indications	967
19.7.2	Operative Technique	968
19.7.3	Postoperative Complications	968
19.8	Teaching Points	969
	Recommended References	970
20	Pancreas Transplantation	971
20.1	Self-Assessment Questions	971
20.2	Introduction	972
20.3	Indications	973
20.4	Types of Pancreas Transplants	973
20.5	Surgical Procedure	973
20.5.1	Pancreas Donor Operation	973
20.5.2	Back Table Preparation	973
20.5.3	Recipient Operation	978
20.6	Imaging	982
20.6.1	Ultrasound (US)	982
20.6.2	Computed Tomography (CT)	985
20.6.3	Magnetic Resonance (MR)	986
20.7	Posttransplant Complications	987
20.7.1	Graft Rejection	987
20.7.2	Thrombosis	988
20.7.3	Graft Pancreatitis	990
20.7.4	Arteriovenous Fistula/Pseudoaneurysms	992
20.7.5	Intra-abdominal Abscess	994
20.7.6	Posttransplant Lymphoproliferative Disease (PTLD)	995
20.7.7	Complications Associated with Bladder-Drained Pancreas Allograft	996
20.7.8	Complications Associated with Enteric-Drained Pancreas Allograft	996
20.8	Pancreatic Transplant Outcome	996
20.9	Teaching Points	997
	Recommended References	997
Part VII Final Assessment		
21	Final Assessment	1001
21.1	Case Answers	1043

OR 38



Numbers are associated with experiences that span multiple categories, emotions, and events. OR 38 is the birthplace of the majority of the surgical cases described in this text. Not only does this room honor the lives that were saved or extended, but it also honors the steadfast determination of the physicians to provide the best patient care possible. OR 38 encompasses a lifetime of experiences, relationships, and learning for many of us at University of Miami Miller School of Medicine and Jackson Memorial Hospital.

Quick Facts About the Pancreas

Discovery

Herophilus of Chalcedon (*b.* 336 B.C.), Greek anatomist and surgeon, was apparently first to describe the pancreas.

Name

The name “pancreas” was given by Ruphos (100 A.D.), Greek anatomist-surgeon of Ephesus.

The word “pancreas” originates from the Greek words *pan* meaning “all” and *kreas* meaning “flesh or meat.” All flesh or meat.

It was possibly named so, due to the absence of bone or cartilage.

Attributed Ancient Function

Claudius Galenus (c. 138 A.D. – c. 201 A.D.) was born in Pergamum (modern-day Turkey) of Greek parentage.

Galen’s position was that of physician to the Roman Emperor Marcus Aurelius and physician to the gladiators.

He believed that the role of the pancreas was to serve as a pad or cushion to protect the large blood vessels lying immediately behind it.

Galen’s concept of the pancreas’ function was not challenged for a thousand years.

Duct of Wirsung

In 1642, Johann Georg Wirsung, a German anatomist, in the San Francisco monastery of Padua, Italy, discovered the pancreatic duct (duct of Wirsung) during the dissection of a man who had been recently hanged for murder.

Wirsung was murdered in 1643, reportedly the result of an argument as to who had discovered the pancreatic duct. Five years after Wirsung’s death, a

former student of his, Moritz Hoffman, claimed that it was he and not Wirsung who had actually discovered the duct.

Wirsung never knew the function of this duct.

Pancreatic Acini

The first description of histology of the pancreas with a drawing of the structure of the exocrine acini may have been provided by D. Moyse in his thesis, 1852, Paris, France.

Islet of Langerhans

This was described in 1869 by Paul Langerhans in his thesis presented at the Berlin Institute of Pathology in Germany.

Insulin

Insulin is derived from the Latin word *insula* meaning “island.” This is so called because the hormone is secreted by the islet of Langerhans.

Insulin was discovered in 1921 at the University of Toronto, Canada, by Frederick Grant Banting (orthopedic surgeon) and Charles Herbert Best (medical student). They discovered the insulin hormone in pancreatic extracts of dogs and its effectiveness when they injected the hormone into a diabetic dog and found that lowered the dog’s blood glucose levels to normal.

In 1958, the Nobel Prize in Chemistry was awarded to Frederick Sanger of England for determining the molecular structure of insulin.

Diabetes

The existence of diabetes has been known since the first century (B.C.E.) when a Greek physician, Aretaeus the Cappadocian, named it diabainein, meaning “a siphon” referring to the excessive urination associated with the disease.

The word *diabetes* was first recorded in 1425 and 1675.

The Greek word *mellitus* meaning “like honey,” was added to reflect the sweet smell and taste of the patient’s urine.

Digestive Enzymes of the Pancreas (Amylase, Lipase, Trypsin)

These enzymes were discovered in the mid to late nineteenth century. Demonstration of the effectiveness of each digestive pancreatic enzyme in the intestine was discovered in a gradual manner through observation of the breakdown of fats, proteins, and starches into smaller molecules.

Contributors were Johann Nepomuk Eberle of Bavaria, Germany; Claude Bernard, Paris, France; Alexander Danilevsky, St Petersburg, Russia; and Willy Kuhne of Amsterdam, the Netherlands.

In 1908, Julian Wohlgemuth of Berlin, Germany, designed a method for measuring the concentration of amylase in the serum.

Secretin

This hormone was discovered in 1902, by W.B. Bayliss and E.H. Starling in London, England.

Pancreaticoduodenectomy

From 1898 to 1922 a group of surgeons began performing pancreatic head and duodenal resections for pancreatic or ampullary carcinomas (Alessandro Codivilla, William S. Halstead, Desjardins, Sauve, Hirschel, and Tenani).

1940

Allen W. Whipple (Columbia Presbyterian Hospital in New York, USA) performed the first recorded one-stage procedure for complete excision of the head of the pancreas and the entire duodenum.

Unaware of Whipple's procedure, I.R. Trimble, J.W. Parsons, and C.P. Sherman, from Johns Hopkins Hospital in Baltimore, Maryland, performed a similar one-stage radical resection a few weeks after Whipple. Trimble added a distal gastrectomy to avoid blow out of the duodenal stump.

Verne C. Hunt added a pancreaticojejunostomy to avoid leakage of the pancreatic stump.

1946

Whipple published his 10-year experience of radical excisions of the head of the pancreas and duodenum. In this report, he proposed several modifications to his original procedure and advocated a one-stage procedure.

Pancreatic Transplant

1966

The first human renal and segmental pancreatic transplantation was performed at the University of Minnesota, USA, by the surgical team of Kelly, Lillehei, Merkel, Idezuki, and Goetz.

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Part I

General

Embryology of the Pancreas and Normal Variants

Javier Casillas, Chris Granville, Alexander Quiroz, and Roberto Ruiz-Cordero

Contents

1.1	Self-Assessment Questions	3	1.4	Normal Variants of the Pancreas.....	36
1.2	Organogenesis of the Pancreas	5	1.4.1	Variations of Pancreatic Contour	36
1.3	Congenital Disorders of the Pancreas	6	1.5	Fatty Replacement of the Pancreas	39
1.3.1	Agenesis of the Pancreas	6	1.5.1	Diffuse Fatty Replacement of the Pancreas	39
1.3.2	Pancreatic Divisum	11	1.5.2	Focal Fatty Replacement of the Pancreas	43
1.3.3	Annular Pancreas	14	1.6	Teaching Points	46
1.3.4	Portal Annular Pancreas	20	Recommended References.....	47	
1.3.5	Arterial Annular Pancreas (Intrapancreatic Hepatic Artery).....	23			
1.3.6	Concurrent Portal and Arterial Annular Pancreas	25			
1.3.7	Heterotopic Pancreas	27			
1.3.8	Bifid Tail of the Pancreas (Pancreas Bifidum)	33			
1.3.9	Ansa Pancreatica.....	35			

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1.1 Self-Assessment Questions

1. The uncinate process of the pancreas derives from the dorsal pancreatic bud.
 - a. True
 - b. False
2. What is the most common type of congenital anomaly of the pancreas?
 - a. Ectopic pancreas
 - b. Agenesis of the pancreas
 - c. Congenital short pancreas
 - d. Annular pancreas
 - e. Pancreas divisum
3. Where is heterotopic pancreatic tissue most commonly found in the body?
 - a. Stomach
 - b. Duodenum
 - c. Jejunum
 - d. Meckel's diverticulum
 - e. Spleen

4. The annular pancreas may be associated with all of these, *except*:

- a. Esophageal atresia
- b. Imperforate anus
- c. Congenital heart disease
- d. Malrotation of the gut
- e. Omphalocele

5. All of these statements about pancreatic divisum are true, *except*:

- a. Endoscopic cholangiopancreatography (ERCP) is the current modality used to diagnose this anomaly.

- b. It is the most common congenital anomaly of the pancreas.
- c. This anomaly can be associated with pancreatitis.
- d. Magnetic resonance cholangiopancreatography (MRCP) is the best imaging modality to diagnose this anomaly.
- e. Most patients with this anomaly are asymptomatic.

Answers: 1. b, 2. e, 3. a, 4. e, 5. a.

1.2 Organogenesis of the Pancreas (Fig. 1.1)

- It starts during the fourth week of gestation.
- The pancreas originates from the endodermal lining of the duodenum.
- Two outpouchings develop at the junction of the foregut and midgut:
 - One ventral bud (caudal)
 - One dorsal bud (cranial)
- The ventral pancreatic bud forms the posterior part of the head and the uncinate process.
- The dorsal pancreatic bud forms the anterior part of the head, body, and tail of the pancreas.
- The main pancreatic duct (Wirsung) is formed from the ventral duct and the distal portion of the dorsal duct.

- The accessory duct (Santorini) may be present due to the persistence of the proximal portion of the dorsal pancreatic duct.
- At the sixth week of gestation, as the foregut elongates, the ventral pancreas, gallbladder, and bile duct rotate clockwise posterior to the duodenum and join the dorsal pancreas.
- At the seventh week of gestation, the ventral pancreatic bud fuses with the dorsal bud, forming a single pancreas.
- The ventral pancreatic duct and the common bile duct (CBD) are linked by the embryonic origins, which results in the adult configuration of the common entrance into the duodenum at the major papilla.

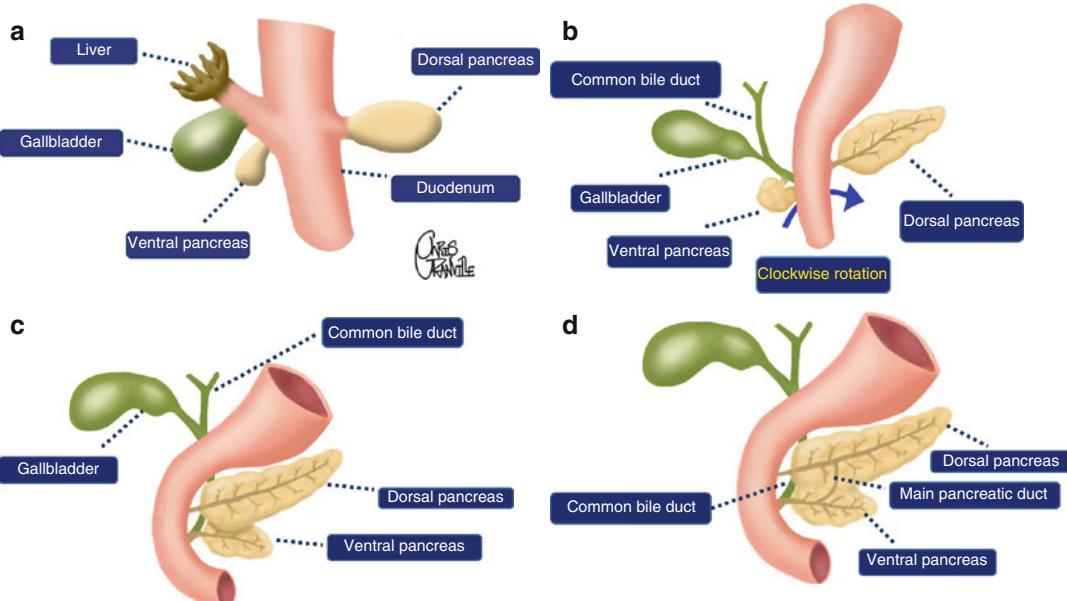


Fig. 1.1 Schematic illustration of the embryologic development of the pancreas. (a) At about 4 weeks of gestation, the primitive pancreas is formed by a dorsal pancreatic and ventral pancreatic bud that arises from the endodermal lining of the duodenum. (b) At 6 weeks, the ventral bud and the bile duct rotate clockwise behind the duode-

num (curved arrow). (c) The ventral pancreatic bud lays posteroinferior to the dorsal pancreatic bud. (d) By about 7 weeks, upon reaching its final destination, the dorsal pancreatic bud fuses with the ventral pancreatic bud to form the final pancreas