

## **BD-IAP Symposium on hepatobiliary & pancreatic pathology**

London, 28-29 November 08

### **SLIDE SEMINAR CASE**

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Final diagnosis – GROOVE PANCREATITIS

The main diagnostic features are:

- Pancreatic tissue abnormally situated within the duodenal wall
- Changes of chronic pancreatitis within this 'ectopic' pancreatic tissue
- Our case also showed an unusual 'ectopic duct' within the distal stomach

Further key points:

- The condition may simulate malignancy on imaging – unless the characteristic radiological features are identified
- Many cases are alcohol-related
- The terminology is confusing – overlap exists with *cystic dystrophy of the duodenal wall*
- A unifying term – *paraduodenal pancreatitis* – has been suggested
- Despite the lack of an alcohol history in this case, the overall features would fit within the spectrum of *groove pancreatitis*

### **References**

1. Shudo R, Yazaki Y, Sakurai S, *et al.* Groove pancreatitis: report of a case and review of the clinical and radiological features of groove pancreatitis reported in Japan. *Int Med* 2002; **41**: 537-542.
2. Balakrishnan V, Chatni S, Radhakrishnan L, *et al.* Groove pancreatitis: a case report and review of the literature. *J Pancreas* 2007; **8**: 592-597.
3. Adsay NV, Zamboni G. Paraduodenal pancreatitis: a clinico-pathologically distinct entity unifying 'cystic dystrophy of heterotopic pancreas', 'para-duodenal wall cyst' and 'groove pancreatitis'. *Semin Diagn Pathol* 2004; **21**: 247-254.