East African Scholars Journal of Medical Sciences
Abbreviated Key Title: East African Scholars J Med Sci
ISSN 2617-4421 (Print) | ISSN 2617-7188 (Online) |
Published By East African Scholars Publisher, Kenya

OPEN ACCESS

DOI: 10.36349/easms.2019.v02i07.002 Volume-2 | Issue-7| July -2019 |

Case Report

A Case Report on Segmental Groove Pancreatitis

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Abstract: Segmental groove pancreatitis is a rare form of pancreatitis mainly affecting groove between the pancreatic head, duodenum and the common bile duct. We report a case of segmental groove pancreatitis diagnosed by clinical and histological features.
Keywords: Pancreatitis, chronic disease.

INTRODUCTION

The term groove pancreatitis was first used by Becker in 1973 (Hwang, J. Y. et al 2003). Segmental groove pancreatitis is a rare form of pancreatitis mainly affecting groove between pancreatic head, duodenum and common bile duct. It is difficult to differentiate the same from carcinoma pancreas preoperatively (Hwang, J. Y. et al 2003).

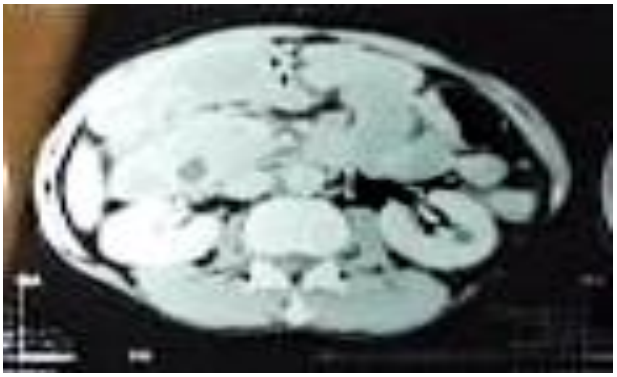
CASE REPORT

A 42 year old male patient came with complaints of abdominal pain radiating to the back for one and a half months. For the past 5 days the pain aggrevated, it was dull aching pain not associated with food intake with no relieving factors. He also had yellowish discoloration of urine and the conjunctiva. No history of vomiting, melena or diarrhea was present. He had a history of recent onset diabetes mellitus since one and a half months.

Clinical examination showed icterus and clubbing with mild tenderness in the epigastric region. There is no hepatosplenomegaly or mass palpable per abdomen. The vitals were stable. Lab investigations revealed a mildly elevated ESR (30mm/1sthr), bilirubin (total 5.64mg/dl with direct 5.04mg/dl) and liver function test (Total protein -5.9 g/dl, Albumin 3.6 g/dl, ALP-938 U/L, SGOT -81 U/L, SGPT- 193 U/ L). Serum amylase (1507 IU/L) and serum lipase (2190 IU/L) were found to be elevated.

Abdominal ultrasonography showed head of pancreas with a heteroechoic mass measuring approximately 4.6x4.3cm causing abrupt cut off of ductal CBD and pancreatic duct with upstream dilatation. Pancreatic duct measures 5.4mm in the body region. Rest of the pancreas (body and tail) normal.

CECT abdomen showed a pancreatic head mass with possible infiltration of D2 portion of duodenum and peripancreatic lymph nodes. There was atrophy of body and tail of pancreas.



Whipple's resection was done under general anaesthesia.

Grossly, we received a portion of stomach, duodenum and pancreas with multiple cystic spaces in pancreas and the adjacent duodenum.

Quick Response Code

Journal homepage:
http://www.easpublisher.com/easjms/

Article History
Received: 15.06.2019
Accepted: 25.06.2019
Published: 08.07.2019

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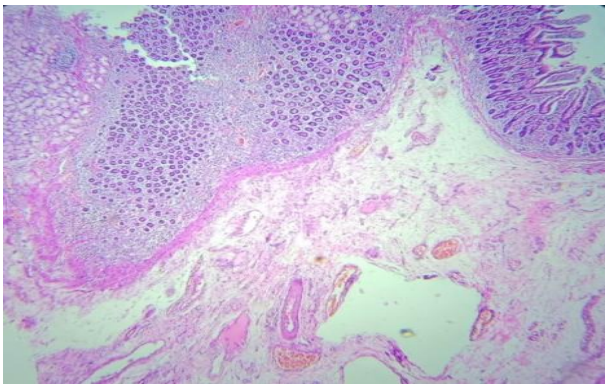
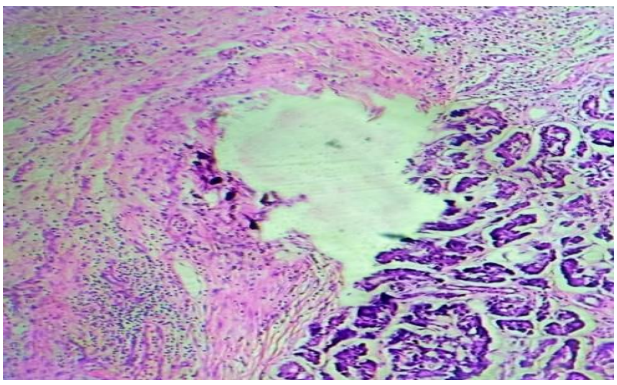
Microscopy, duodenal mucosa with hyperplasia and multiple cystic spaces and lamina propria with dense lymphoplasmacytic infiltration. Cystic spaces in pancreas. Atrophic pancreas with lymphoplasmacytic infiltration.





DISCUSSION

Segmental groove pancreatitis is a rare form of chronic pancreatitis affecting the groove between the pancreatic head, the duodenum and bile duct. There are two forms of groove pancreatitis- pure form and segmental form. The pathogenesis of this condition is not yet clear.Peptic ulcer disease, Santorini duct obstruction, abnormal minor papillae, pancreatic heterotopias, gastric resection and true duodenal wall cysts have been suggested as possible etiologic factors. In several studies no difference was found in age and gender distribution between this disease and common chronic pancreatitis. Most patients present with severe abdominal pain and recurrent vomiting. Jaundice and weight loss may occur.

CONCLUSION

Although groove pancreatitis is not rare, only a few cases have been reported due to lack of awareness. All clinicians should be familiar with its clinical features and keep them in mind for the differential diagnosis of pancreatic masses and duodenal stenosis. This may enable a preoperative diagnosis and prevent unnecessary radical surgery.

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