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Annular Pancreas: A Rare Anomaly to Recognize

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A 63-year-old female presented with chronic postprandial epigastric pain, nausea, and intermittent vomiting for several months, without jaundice or significant weight loss. Physical examination was unremarkable, and blood tests were within normal limits.

A bili-MRI demonstrated pancreatic tissue encircling the second portion of the duodenum, confirming annular pancreas, a rare congenital anomaly caused by incomplete rotation of the ventral pancreatic bud during embryogenesis [1]. Axial T2-weighted images revealed a continuous ring of pancreatic parenchyma, causing duodenal compression. 3D MIP reconstruction highlighted a secondary pancreatic duct forming a loop before draining into the ampulla of Vater, a characteristic feature.

Annular pancreas may remain asymptomatic or present with duodenal obstruction, peptic ulcers, or pancreatitis in adulthood [2,3]. MRI and CT are key for diagnosis, preventing delays and unnecessary procedures [4]. Recognizing annular pancreas is essential for timely management, as severe cases may require surgical bypass to relieve obstruction [5].

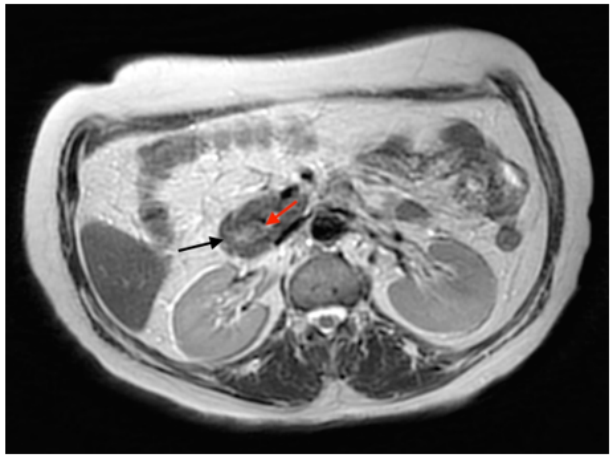

Figure 1: *Axial T2-weighted cholangio-pancreatic MRI demonstrating pancreatic parenchyma (Black arrow) encircling the second portion of the duodenum (Red arrow).*

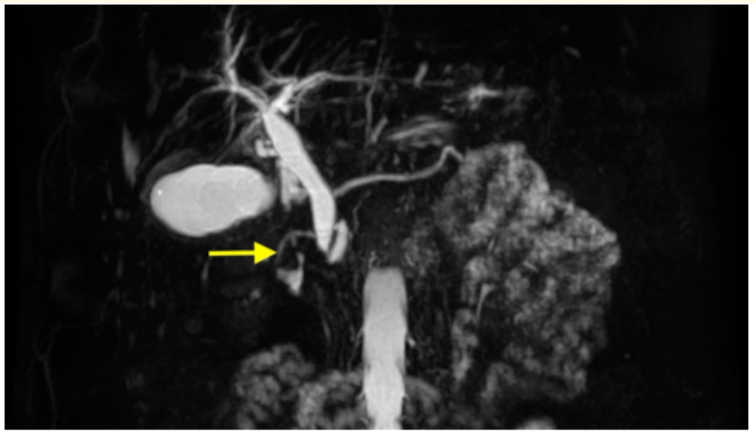

Figure 2: *3D Biliary MRI sequence with Maximum Intensity Projection (MIP). The yellow arrow points to a secondary pancreatic duct forming a loop, characteristic of annular pancreas, before draining into the ampulla of Vater.*

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