Intrapancreatic Portal Cavernoma

A 41 year old woman was investigated for upper abdominal pain. She had no jaundice and her biochemical profile showed SGOT of 19 IU/L, SGPT of 22 IU/L, alkaline phosphatase of 98 IU/L and total bilirubin of 1.05 mg%. Computed tomography revealed non visualization of the portal vein due to chronic portal vein thrombosis. The head of the pancreas appeared bulky on non-enhanced scans suggestive of a mass lesion. However, on post-contrast images collateral vessels were seen completely occupying the pancreatic head and forming an intrapancreatic cavernoma (Fig. 1). Extensive collateral vessels were also seen in the periportal region (Fig. 2) and the retroperitoneum. No esophageal or gastric varices were detected on endoscopy.

Cavernoma formation within the head of the pancreas as noted in this case is rare with only two cases reported previously. More commonly cavernomas develop along the suprapancreatic common bile duct.

Portal cavernoma is a collateral network which develops as a result of extra-hepatic portal vein occlusion. The cavernoma may cause stenosis and dilatation of the suprapancreatic portion of the common bile duct. Cholestasis and jaundice can develop due to compression of the biliary tract. Ischemic stricturing of the biliary tree due to venous thrombosis has been suggested as an etiological factor.1

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Received : 30.7.2006; Accepted : 11.9.2006

REFERENCES