pancreas is short in heterotaxy syndromes, but the most accepted explanation is that ADP occurred.

azygos or hemiazygos continuation in conjunction with cardiac anomalies occurs (32).

Complete fatty replacement of portions of the pancreas are unusual, although lesser degrees are common (30). Proposed etiologies for diffuse or focal fatty replacement in adults include obesity, aging, diabetes, chronic pancreatitis, pancreatic ductal obstruction, and steroid therapy (30). In contradistinction to ADP,

had an anterior, horizontal, or posterior lie of the lateral contour relative to the artery (18). Similarly, the pancreatic tail has a variable location relative to the left ventricle (18).

pancreatic head and uncinate process, placing it more caudal than the stationary dorsal bud, the latter which gives rise to the pancreatic body (5,6). Fusion of the ventral and dorsal pancreatic ductal systems. The ventral portion of the pancreas arises near the common bile duct, and drains into the duodenum at the

pancreatic duct, as shown.

reported high prevalence of divisum, in up to 12-50% of cases (7). The cause of the pancreatitis is believed to be inadequate drainage through the minor papilla.

of ventral and dorsal pancreatic ductal systems. The ventral portion of the pancreas arises near the common bile duct, and drains into the duodenum at the

pathology of the pancreas and its relation to the stomach and duodenum (56). Fusion of the ventral and dorsal pancreatic ductal systems. The ventral portion of the pancreas arises near the common bile duct, and drains into the duodenum at the

pancreatic head and neck islet cell tumors (E), which were also confirmed at intraoperative sonography (F); note the hemangioblastoma in the upper lumbar spine (F). The pancreas is difficult to identify on unenhanced CT (A). Appearance simulates cystosis due to insufficiency in imaging with contrast material. There is associated biliary and pancreatic ductal dilatation.

the presence of pancreatic divisum, in general, has not been emphasized in the radiological literature. Zeman et al. (6) therefore proposed that the criteria for diagnosing pancreatic divisum on CT include the failure to see a union of the dorsal and ventral pancreatic ducts, and the presence of a patent dorsal duct and an annular pancreatic duct opening. The latter is marked by the presence of ductal dilatation and the absence of prominent calcifications. When the pancreatic ducts do not unite, a single, prominent ductal remnant may be seen extending from the dorsal pancreatic duct to the main pancreatic duct at the neck of the pancreas.Accessory spleens, in individuals who have not had previous splenectomy or trauma, can be found anywhere within the embryologic dorsal mesentery of the stomach (66). Accessory spleens are thought to be remnants of the embryologic splenic anlage. Accessory spleens are usually small and silent.

rhabdomyosarcoma (68). Cyst formation may result from chronic irritation of ectopic pancreatic epithelium with subsequent squamous metaplasia.

Schwachman-Diamond syndrome is a rare autosomal recessive disorder, but it is the second most common cause of pancreatic insufficiency in children following cystic fibrosis (52). Pancreatic cysts in older adults are usually small and solitary, although occasionally they can be multiple (37).


40. Hamburger JW. Pancreatic lipomatosis in the Schwachman-Diamond syndrome: identification by sonography and CT scan. AJR 1995; 165:


