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**Intraductal papillary mucinous neoplasm of the main duct in a patient with pancreas divisum**

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**INTRODUCTION**

Pancreas divisum is a congenital anomaly present in 5-10% of the population and is usually asymptomatic (1). Pancreatic intraductal papillary mucinous neoplasms (IPMN) are mucinous cystic tumors that have malignant potential and are classified according to their location as IPMN of the main duct, branch duct or mixed type. Larger lesions and those originating in the main duct have an increased risk of malignancy (2). The real incidence is unknown as most lesions are asymptomatic.

**CASE REPORT**

We present the case of a 78-year-old male, who was asymptomatic and with no analytical alterations. A 3 cm pancreatic cystic lesion was identified by computed tomography, which was performed for another reason. The study was completed with a magnetic resonance cholangiopancreatography (MRCP) (Fig. 1). The MRCP showed a pancreas divisum, the common bile duct emptying into the papilla along with the ventral duct. The ventral duct was dilated (8 mm) and had a distal cystic lesion (3 cm). A sample of a mucoïd appearance was obtained by echoendoscopy puncture and the cytology was compatible with mucinous material without atypia.

## DISCUSSION

Several studies have shown a higher prevalence of pancreatitis in patients with pancreas divisum, although this is a controversial issue. There is insufficient scientific evidence of the association of pancreas divisum and pancreas neoplasms (3). However, some observational studies recommend follow-up of symptomatic patients or those with analytical alterations as they have a higher risk of developing malignant neoplasms.

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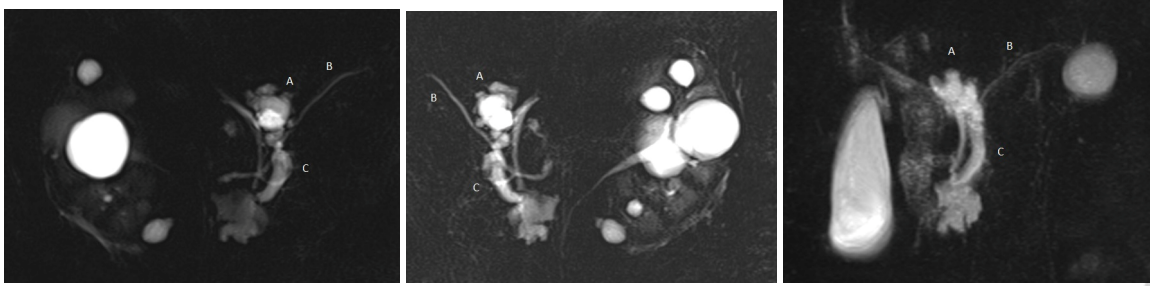


Fig. 1. MRCP projections showing the cystic lesion (A), the dorsal duct with a normal appearance (B) and the dilated ventral duct (C).

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