Case report

Anomalous duplication of the portal vein with prepancreatic postduodenal portal vein

Sho Kitagawa

Department of Gastroenterology, Sapporo Kosei General Hospital, Japan

Abstract

Objective: We report a case of unusual anomalous duplication of the portal vein.

Patient: A 40-year-old man with portal vein duplication. One portal vein is derived from the superior mesenteric vein and splenic vein and enters the caudate lobe of the liver. Another portal vein, known as the prepancreatic postduodenal portal vein, is derived from the superior mesenteric vein and courses anterior to the pancreas and posterior to the duodenum.

Conclusion: Duplication of the portal vein is an extremely rare developmental anomaly, and in previous reports, the superior mesenteric and splenic veins entered the liver separately. We present a previously unreported case of anomalous duplication of the portal vein, one of which was the prepancreatic postduodenal portal vein.

Key words: duplication of the portal vein, prepancreatic postduodenal portal vein, portal vein, anatomic variant

Introduction

The prepancreatic postduodenal portal vein is an extremely rare developmental anomaly in which the portal vein courses between the duodenum and pancreas instead of being posterior to both the duodenum and pancreas. Duplication of the portal vein is also an extremely rare developmental anomaly, and in previous reports, the superior mesenteric and splenic veins entered the liver separately. Here, we present a previously unreported case of anomalous duplication of the portal vein, one of which courses between the duodenum and pancreas, namely, the prepancreatic postduodenal portal vein.

Case Report

A 40-year-old man presented for the evaluation of a perihepatic mass-like structure found on ultrasonography. On contrast-enhanced computed tomography, the perihepatic mass-like structure was revealed to be an enlarged caudate lobe of the liver. Furthermore, duplication of the portal vein was found incidentally (Figure 1A). One portal vein is derived from the superior mesenteric and splenic veins (PV1; Figure 2A). PV1 enters the enlarged caudate lobe and supplied branches to segments IV, V, VI, VII, and VIII of the liver. Another portal vein, known as the prepancreatic postduodenal portal vein (PV2; Figures 1B and 2B). PV2 enters segment II of the liver, and except for this anomalous confluence, everything is nearly normal in the liver.

Discussion

The portal venous system evolves through complex processes, including selective persistence of the vitelline venous system and its anastomoses. Around the rotation of the duodenum, two vitelline veins (right and left) communicate via three anastomoses (cranial ventral, middle dorsal, and caudal ventral), and the middle dorsal anastomosis becomes the main portal vein as a result of regression of the cranial part of the left vitelline vein, caudal part of the right vitelline vein, and caudal ventral anastomosis. In the normal development of the portal vein and pancreas, the portal vein...
lies posterior to the pancreas because the dorsal pancreatic bud lies cephalad and ventral to the middle dorsal anastomosis. In contrast, in case of the prepancreatic postduodenal portal vein, the portal vein lies anterior to the pancreas and posterior to the duodenum because the dorsal bud of the pancreas lies caudal to the middle dorsal anastomosis and dorsal to the caudal part of the left vitelline vein.2) Our case could be explained by the assumption that the cranial part of the left vitelline vein did not regress. Furthermore, the dorsal bud of the pancreas lay cephalad to the middle dorsal anastomosis and dorsal to the caudal part of the left vitelline vein.

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References


