A Case of a Rare Type of an Accessory Pancreas.

By

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In the course of study of Zuckerkandl's bodies, I accidentally found a small accessory pancreas in the para-aortic tissue at the level of the branching off of the inferior mesenteric artery. Obviously there are a number of reports on the accessory pancreas. But, in most cases the anomalous body was found exclusively in the intestinal region extending from stomach to ileum and only in rare cases in the navel, liver, extradural cavity, etc. There is, however, no paper in the literature on this subject reporting an accessory pancreas found in the vicinity of the emerging point of the inferior mesenteric artery from the aorta.

The original purpose of my research work was to dissect Zuckerkandl's paraganglia and the lymphonodes located as a conglomeration in the same region. As these two kinds of nodulous bodies give a quite similar appearance in macroscopic preparations, it was necessary for me to determine their nature through microscopic observation. In every preparation, the dissected area was first sketched in situ as shown in fig. 1. Then the entire nodulous bodies were numbered and picked out in order to make sections of them.

In scanning the sections I happened to encounter in the body of an 11-year old boy a peculiar structure which was quite different from that of either paraganglion or lymphonode (fig. 2). In higher magnification and by careful observation it revealed some key structures of the pancreas.

In fig. 3 we see a number of acini composed of cuboidal epithelial cells. These cells are arranged in a layer in the periphery of the acini. They contain abundant eosinophilic granules in the supranuclear part of the cytoplasm, which should be regarded as zymogen granules of the pancreas. Besides, in some acini a centro-acinar cell group is
perceptible. These cells are stained rather bright as compared with the peripheral cells. Closely adjacent to the acini there are small tubes cut transversely or obliquely, which are intercalated portions of the duct system. In the center or paracentral part of the lobules we see a larger tube comparable to the initial section of the pancreatic duct.

In the stroma there was no structure resembling the islet of Langerhans. Close scrutiny revealed, however, that there are a number of cells scattered in the connective tissue of the stroma. These cells were easily differentiated from the fibrocytes and the wall cells of the capillaries through their large, round nucleus. It is highly probable, that they are equivalents of the insular cells which are not aggregated to islets. The brighter staining of their nuclei as well as the cytoplasm will also accord with the above presumption.

Resumé: In a boy of 11 years an accessory pancreas was found at the level of the initiating point of the inferior mesenteric artery. It was $2.3 \times 1.6$ mm. in size and had a quite similar appearance to the lymphonodes as well as Zuckerkanndl's paraganglia. Microscopic sections revealed, however, almost all characteristic features of the true pancreas.

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Fig. 1. Paraaortic nodulous bodies sketched in 3× and reproduced in 1.5× magnification of the natural size. Boy of 11 years.

Fig. 2. General aspect of the accessory pancreas. Fixed in formol-bichromate, paraffin section stained with H-E, 60×.

Fig. 3. Higher magnification of fig. 2. 500×.