

## A Case of the 10 days

### Case 397

A seventy-four-year-old female underwent endoscopically resection of 25 mm in size of cecal carcinoma. Microscopic examination revealed tumor invasion to submucosa 4mm in depth. It indicates that she had better receive surgical operation because of the future risk of lymph-nodes recurrence or distant metastasis. Then, she took enhanced CT for pre-surgical operation. It showed a developmental dorsal pancreatic artery (Figs 1, 2).



Fig.1 Celiac axis stenosis at outlet arising from abdominal aorta is depicted on axial image of contrast-enhanced CT (A). Dilated dorsal pancreatic artery is depicted on volume rendered angiography (B).

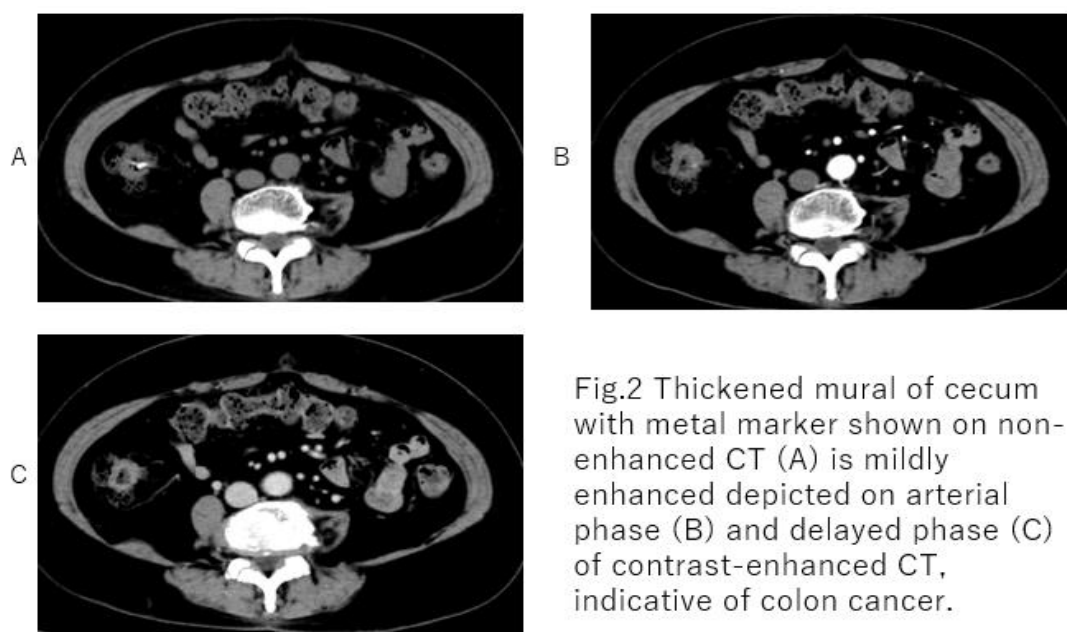


Fig.2 Thickened mural of cecum with metal marker shown on non-enhanced CT (A) is mildly enhanced depicted on arterial phase (B) and delayed phase (C) of contrast-enhanced CT, indicative of colon cancer.

## What causes a dilated dorsal pancreatic artery?

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1. Arteriovenous malformation
2. Aneurysm
3. Congenital abnormal vessels
4. Atherosclerosis
5. Secondary arterial dilatation secondary to median arcuate ligament syndrome

answer

2025.8.1