



## Image of the month

## Cephalic duodenopancreatectomy in a patient with preduodenal portal vein and SADI-S bypass

## Duodenopancreatectomía cefálica en paciente con vena porta preduodenal y bypass SADI-S

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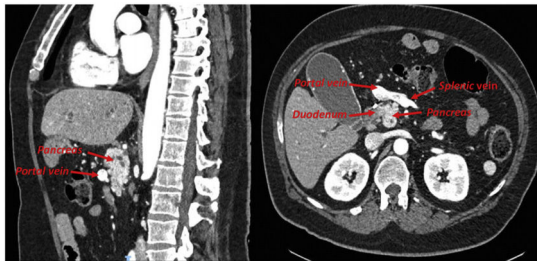


Figure 1

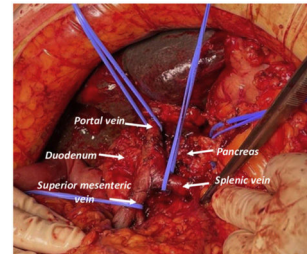


Figure 2

A 64-year-old male with history of SADI-S bypass was admitted due to jaundice, constitutional syndrome and hyperbilirubinemia. Abdominal CT scan showed bile ducts dilation due to a resectable pancreatic head adenocarcinoma and an incidental finding of a preduodenal portal vein (Fig. 1), an extremely rare anatomical variant with about 100 cases described worldwide.

Cephalic duodenopancreatectomy was performed with double-loop reconstruction and pancreatico-jejunal anastomosis without incidents. Predudodenal spleno-porto-mesenteric confluence was observed (Fig. 2). The biliopancreatic limb of SADI-S was used as biliopancreatic limb in double-loop reconstruction. The postoperative period was uncomplicated, and the patient was discharged with nutritional follow-up and exocrine pancreatic support.

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## Conflicts of interest

The authors declare no conflicts of interest.

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