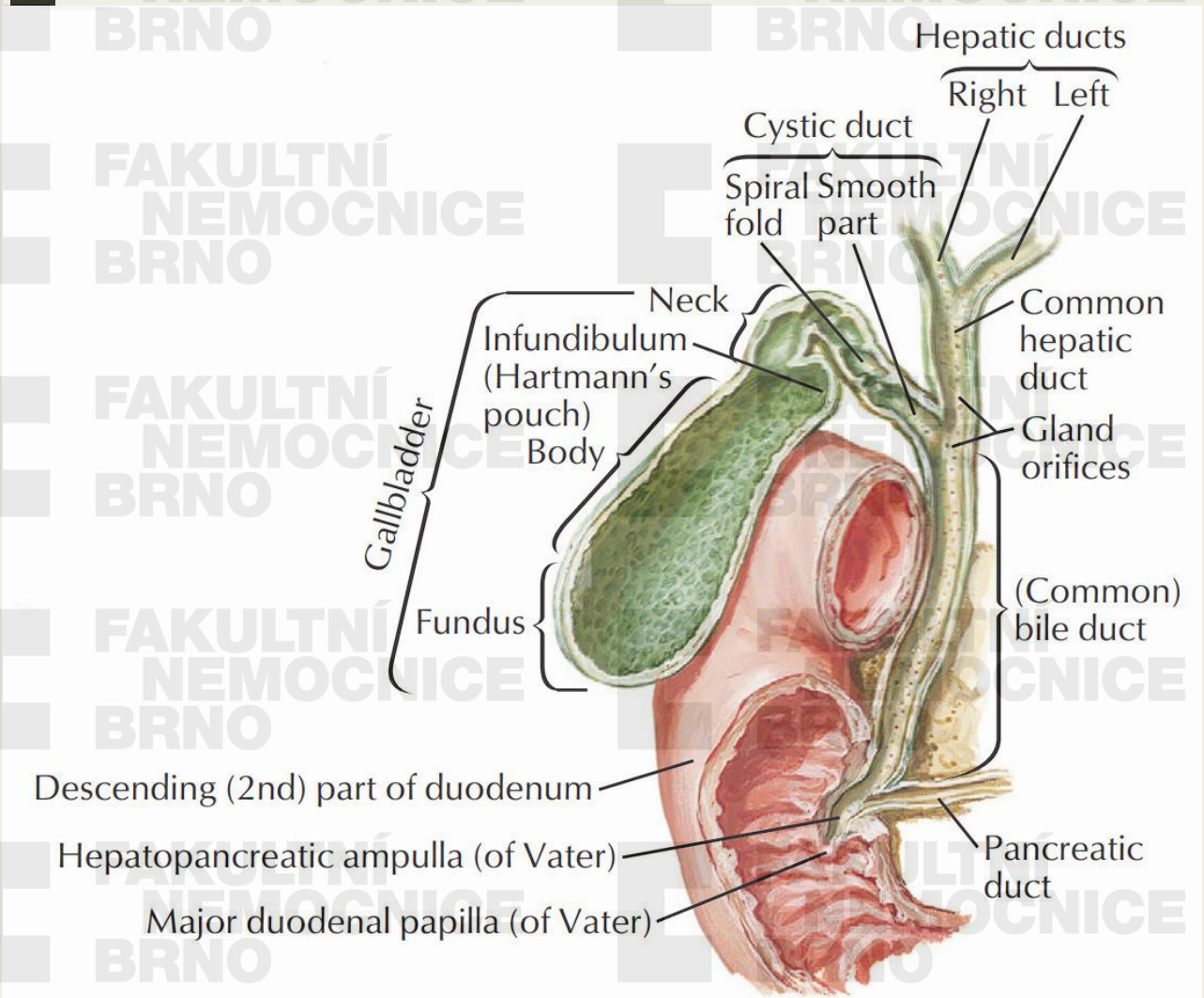
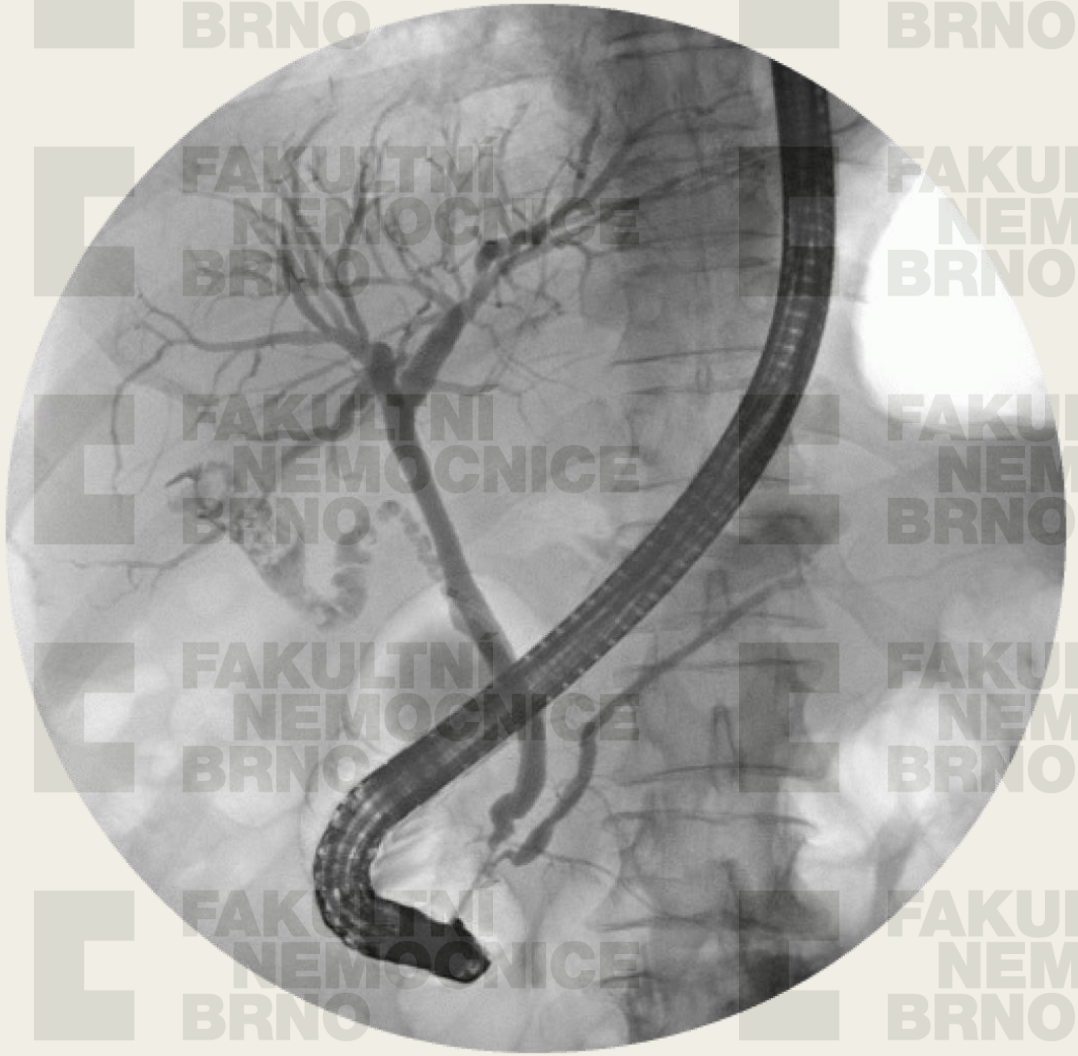
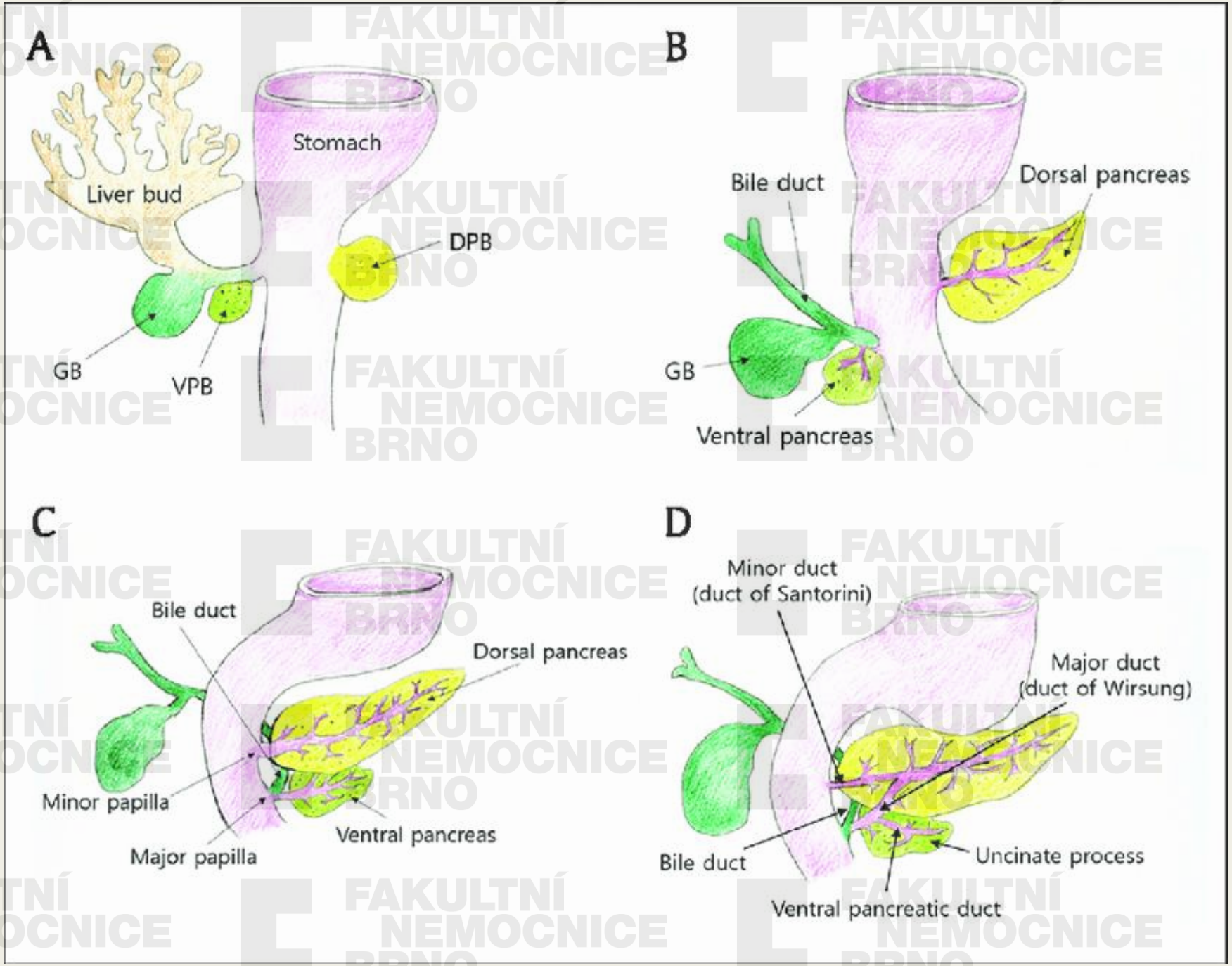
ANATOMIE PANKREATO-BILIÁRNÍ JEDNOTKY

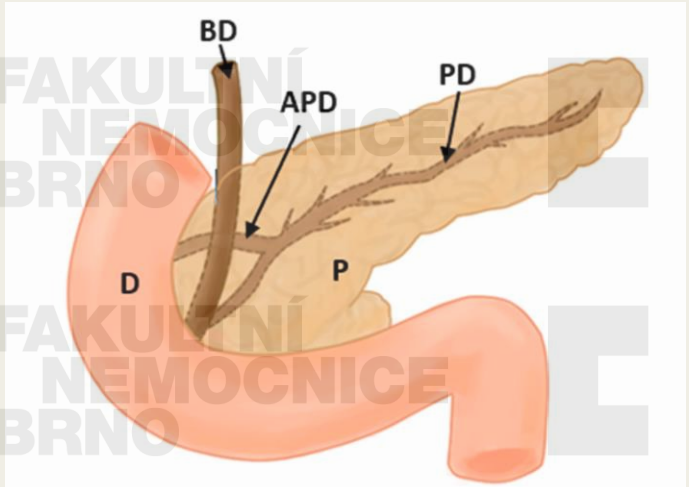
Filip Horký, FTN


Hepatic ducts
Right
Left
Cystic duct
Spiral fold
Smooth part
Neck
Infundibulum (Hartmann's pouch)
Body
Gallbladder
Fundus
Common hepatic duct
Gland orifices
(Common) bile duct
Descending (2nd) part of duodenum
Hepatopancreatic ampulla (of Vater)
Major duodenal papilla (of Vater)
Pancreatic duct

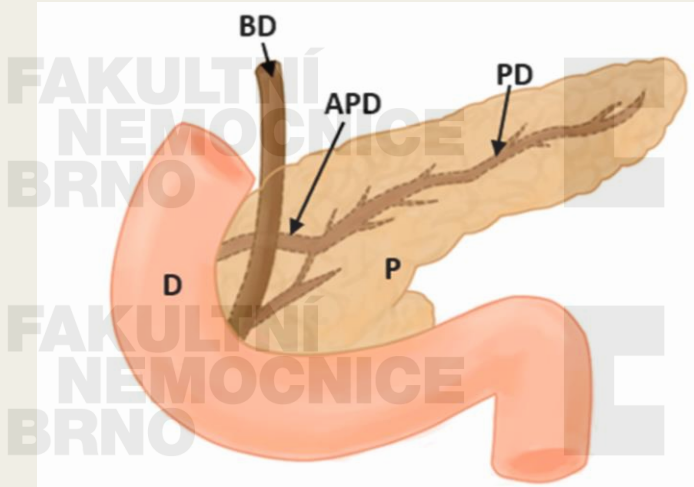



A
Liver bud
Stomach
DPB
GB
VPB
B
Bile duct
Dorsal pancreas
GB
Ventral pancreas
C
Bile duct
Dorsal pancreas
Minor papilla
Major papilla
Ventral pancreas
D
Minor duct
(duct of Santorini)
Major duct
(duct of Wirsung)
Bile duct
Uncinate process
Ventral pancreatic duct

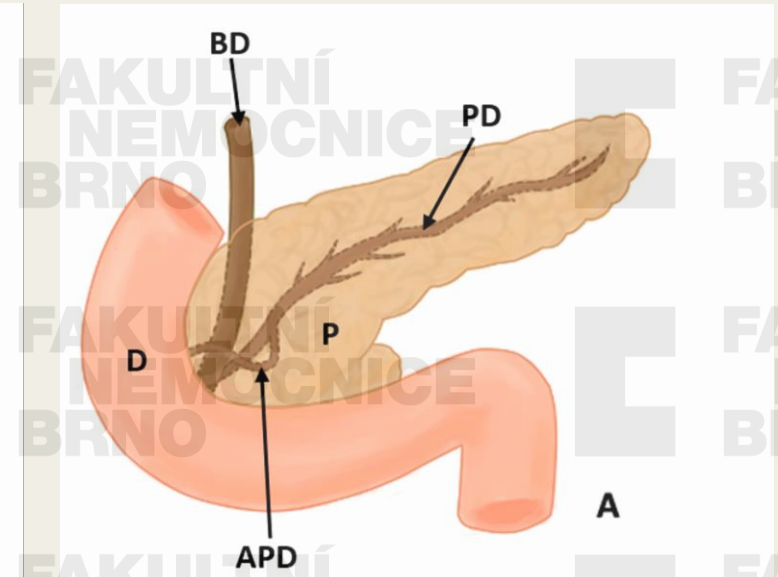
DUCTUS PANCREATICUS

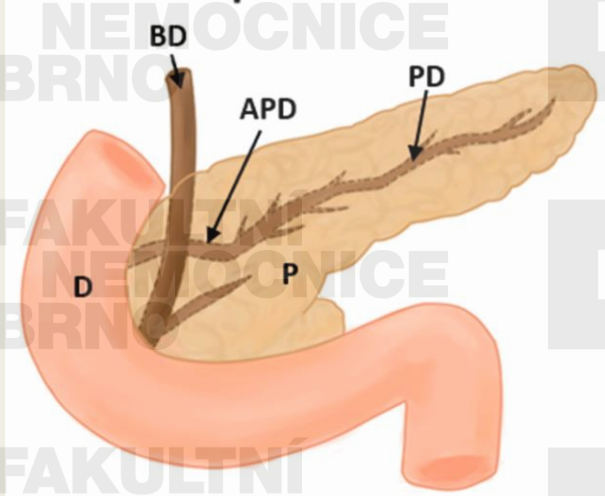


Normal pancreatic ducts

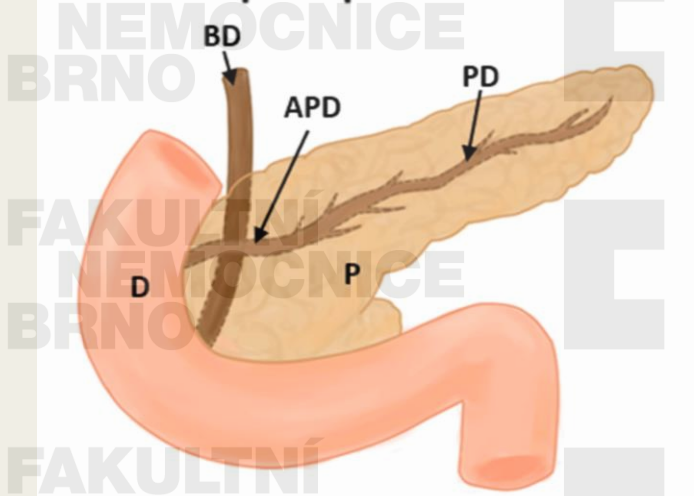


Incomplete pancreatic divisum

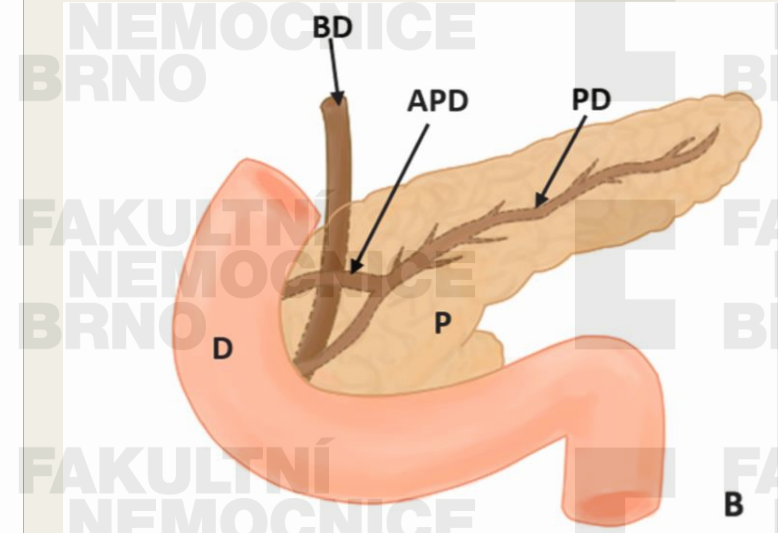




Complete pancreatic divisum



Absent ventral duct

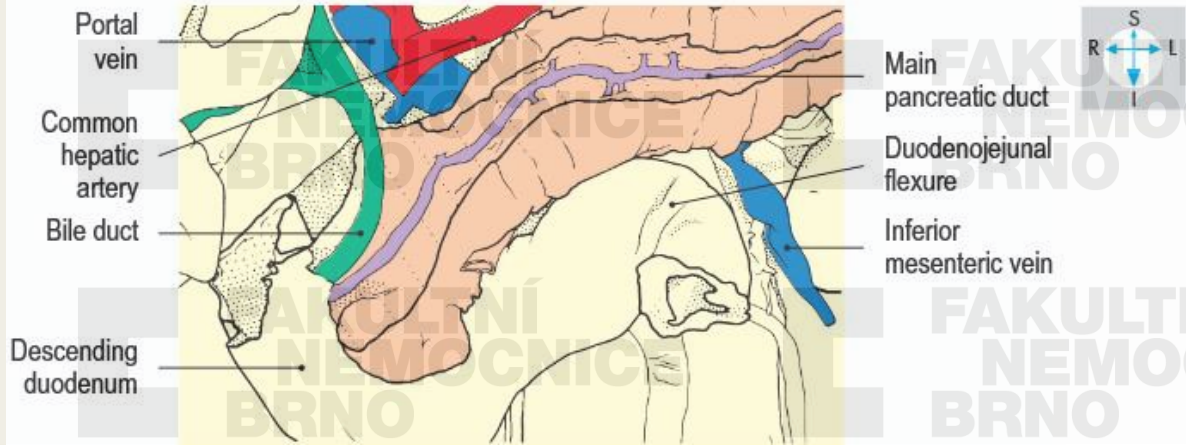


DUCTUS HEPATO-CHOLEDOCHUS

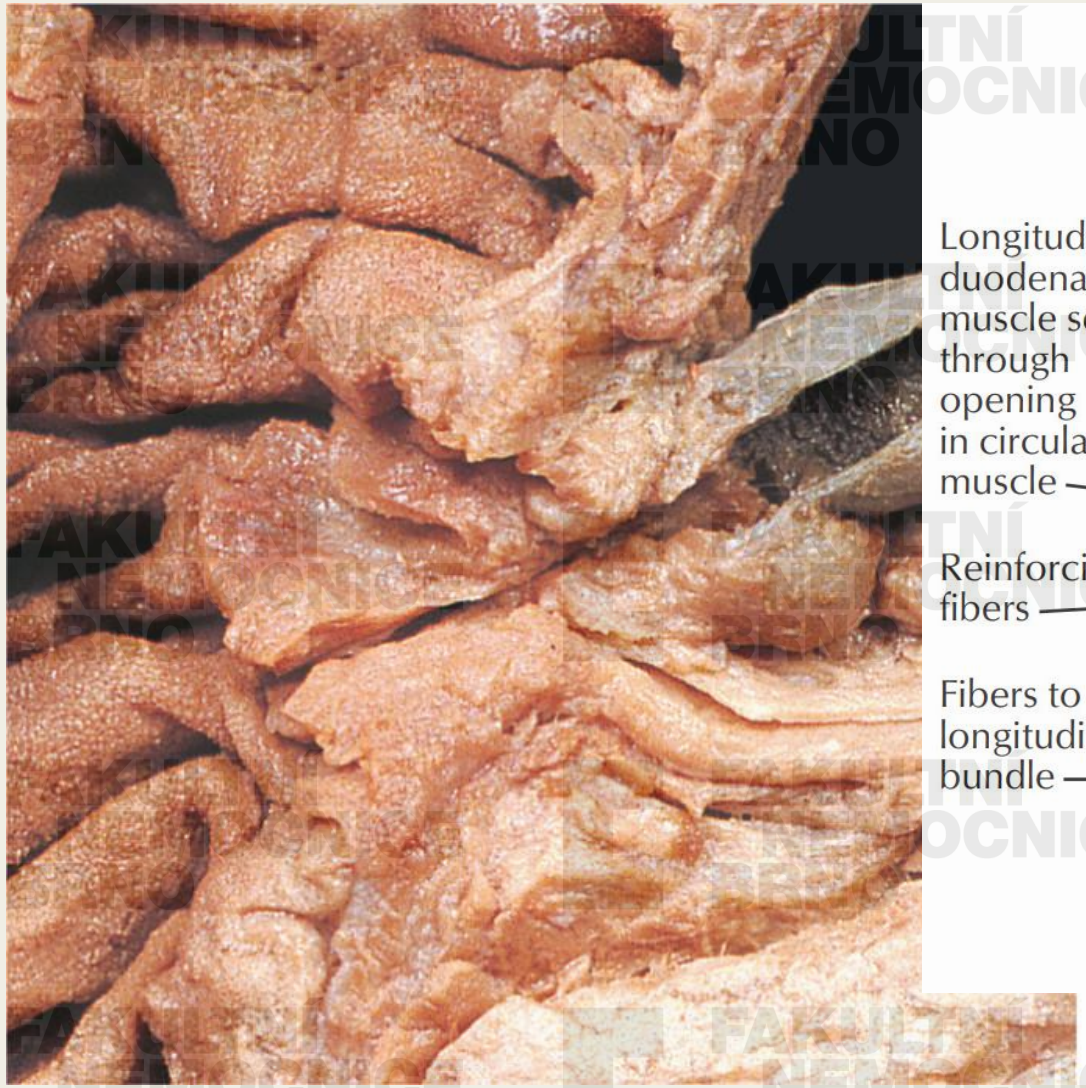
6-8 cm, <6 mm,
nad 50 let +1 mm/10 l.,
po cholecystektomii tolerováno až 12 mm

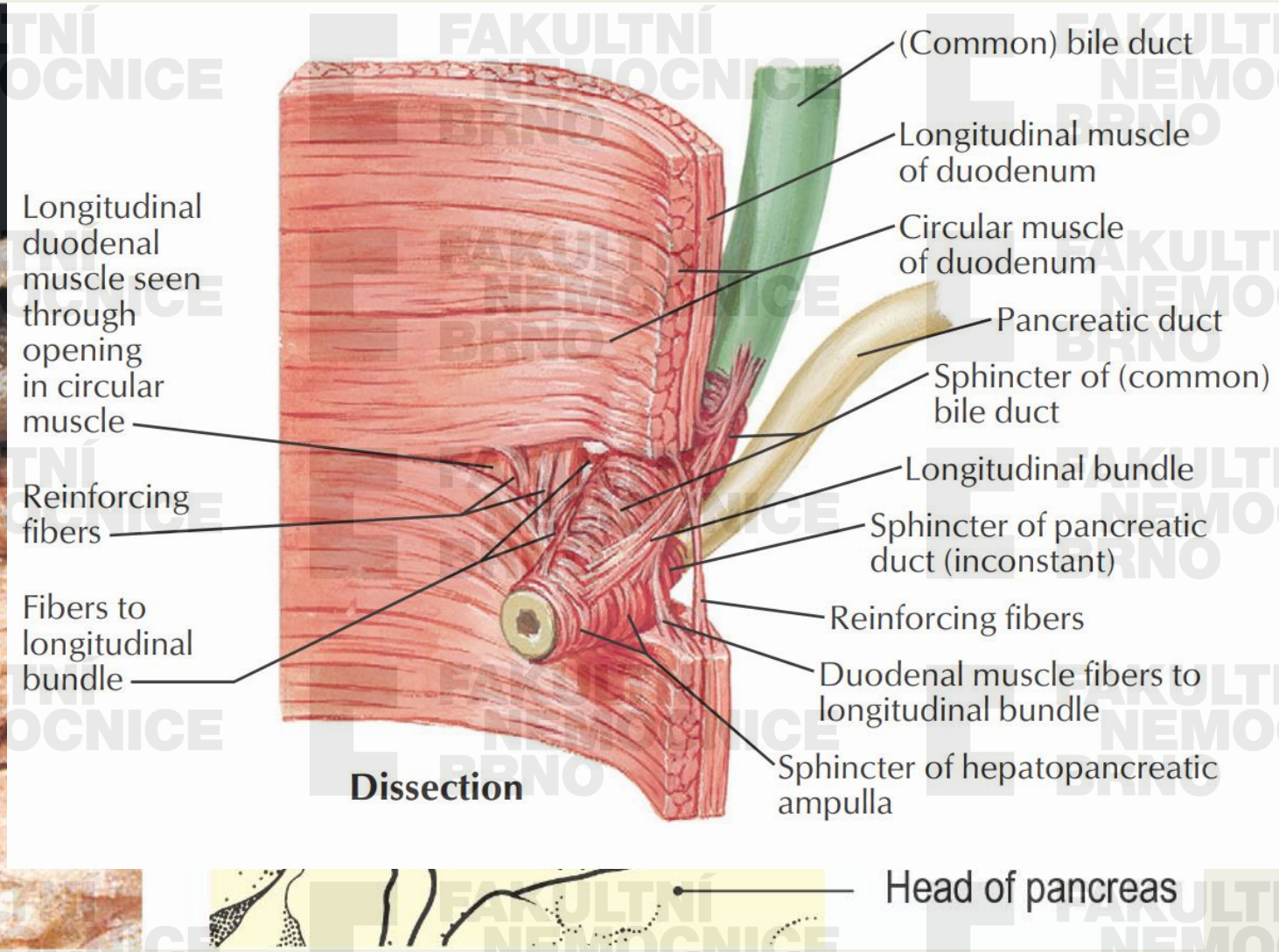
pars supraduodenalis, retroduodenalis, pancreatica *(ne „intra-“ ani „retropancreatica“),*

ústí papily: pars descendens duodeni (82%), flexura inferior duodeni (12%) pars inferior duodeni (6%).

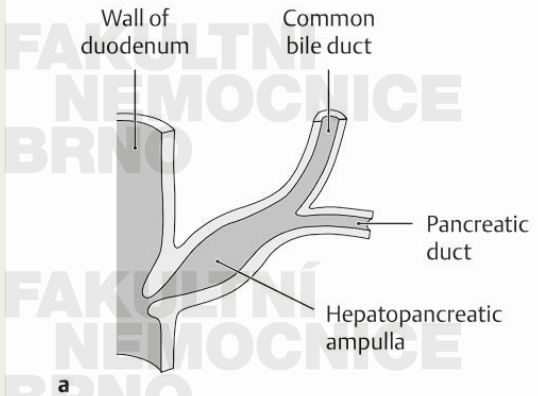


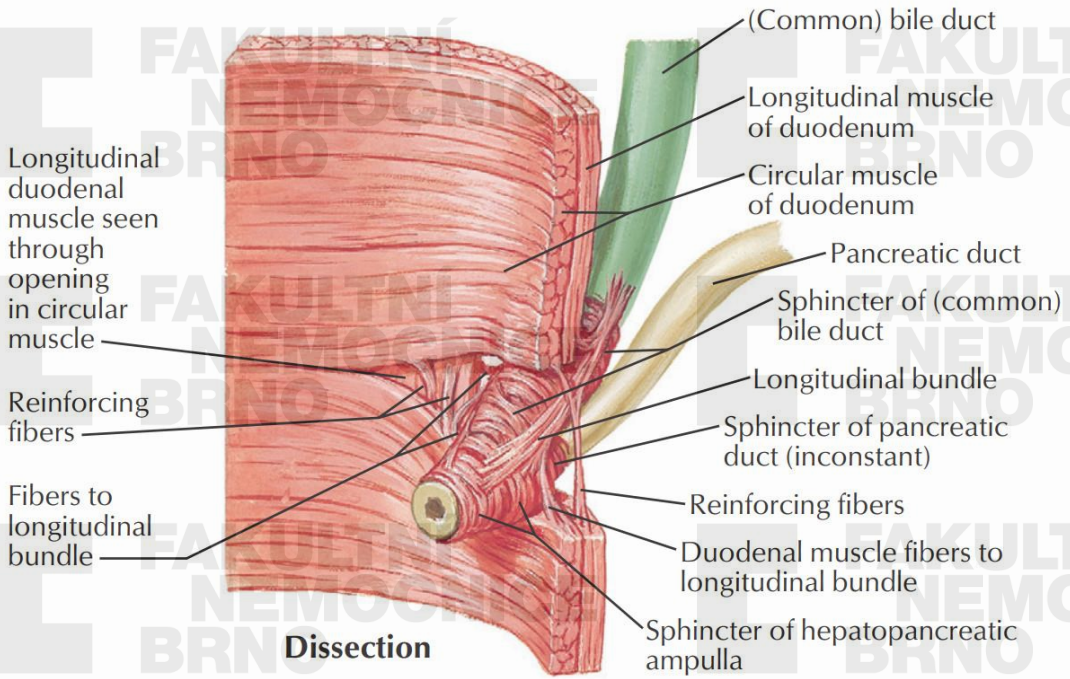
PANKREATIKOBILIÁRNÍ JUNKCE

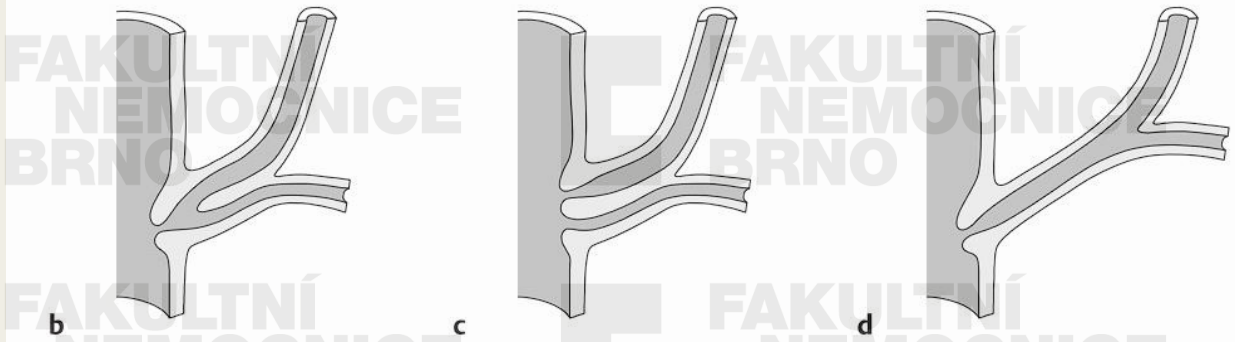




PANKREATIKOBILIÁRNÍ JUNKCE







„Ampullar dilatation was observed in only 9 (5.1%) of the 175 patients with a common terminal opening. No ampullar dilatation was observed in the 25 patients with separate openings of the duct.“

– Aspestrand, 1988

PANKREATIKOBILIÁRNÍ MALJUNKCE

vrozené spojení žlučovodu a slinivkovodu před vstupem do stěny doudena za vzniku dlouhého společného kanálu

s dilatací (circa 80%) x **bez dilatace (cca 20%) žlučového stromu;**
následky: *pankreatikobiliární reflux*, proteinové zátky, vrozené dilatace (Ia, Ic, IVa), perforace, striktury (76%x21%), cholangoitis, cholangiokarcinom,
méně často *biliopankreatický reflux* – pankreatitis