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(Fig. 1E, F).

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(1, 2, 4, 6, 7).

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(1, 2, 4).

Pilcher (2) Pins (4)

(Fig. 1A, B, C). MRI

T1

, T2

(4, 8)

(Fig. 1D).

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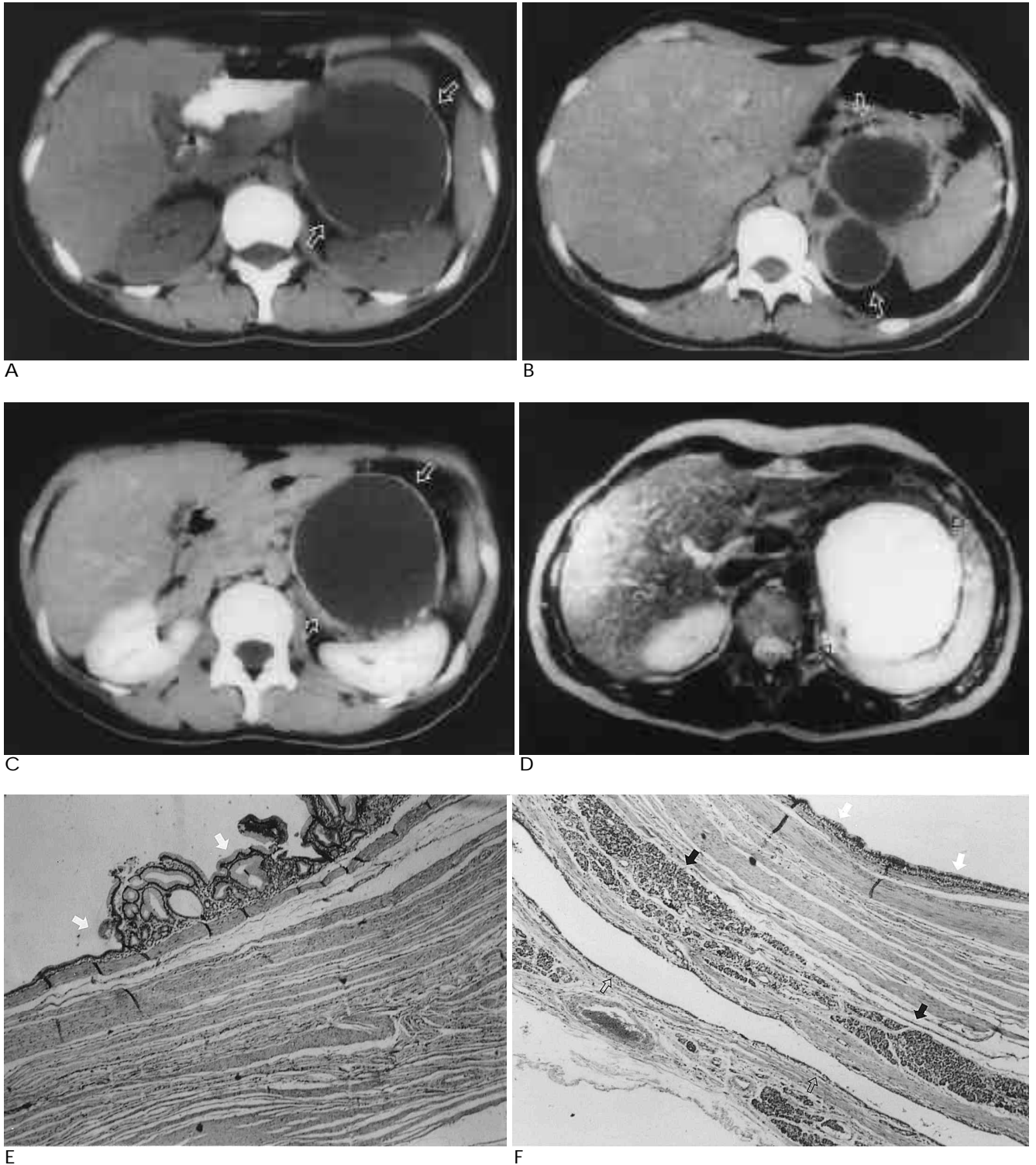


Fig. 1. A. Precontrast CT scan shows well defined homogeneous low density mass with rim calcifications displacing pancreas anteriorly(arrows).  
 B, C. Postcontrast CT scans show well defined multiloculated cystic mass with wall enhancement displacing and abutting pancreatic body and tail(arrows).  
 D. MR image shows well defined cystic mass with high signal intensity on T2 weighted axial image(arrows).  
 E, F. Microscopic examinations show pancreatic glandular tissue(black arrows), pancreatic duct(open arrows), smooth muscle layer and simple columnar epithelial lining of cyst wall(white arrows)(H & E stain,  $\times 100$ ).

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## Enterogenous Cyst of the Pancreas : A Case Report<sup>1</sup>

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True cysts of the pancreas are rare, and enterogenous (duplication) cysts are extremely rare. We describe a case of enterogenous cyst of the pancreas located in the retroperitoneum, in which homogenous low attenuation, multiloculation, internal septation and cyst wall calcification were noted.

**Index words :** Pancreas, cysts  
Pancreas, CT

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