

## Prepancreatic postduodenal portal vein

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Dear Editor,

I read with great interest the pictorial essay entitled “Cross-sectional imaging of congenital and acquired abnormalities of the portal venous system” by Özbayrak and Tatlı in November-December 2016 issue of *Diagnostic and Interventional Radiology* (1). The authors are to be congratulated for their effort on giving detailed information about the abnormalities of the portal venous system. Regarding congenital abnormalities of the portal vein, I would like to contribute anomalous preduodenal portal vein and peripancreatic postduodenal portal vein (PPPV) as rare vascular variants. Between these two, PPPV is an extremely unusual developmental abnormality with only a few cases reported in the literature (2, 3). In this circumstance, the abnormally shaped portal vein originates in front of the pancreatic head and runs cranially in close proximity to pancreas and posteriorly to duodenum. The abnormal early division of PPPV may simulate cavernous transformation (Fig). Awareness of these portal vein anomalies are important to prevent misdiagnosis and avoid devastating surgical complications, including portal vein ligation, resection, or intraoperative hemorrhage.

### Conflict of interest disclosure

The author declared no conflicts of interest.

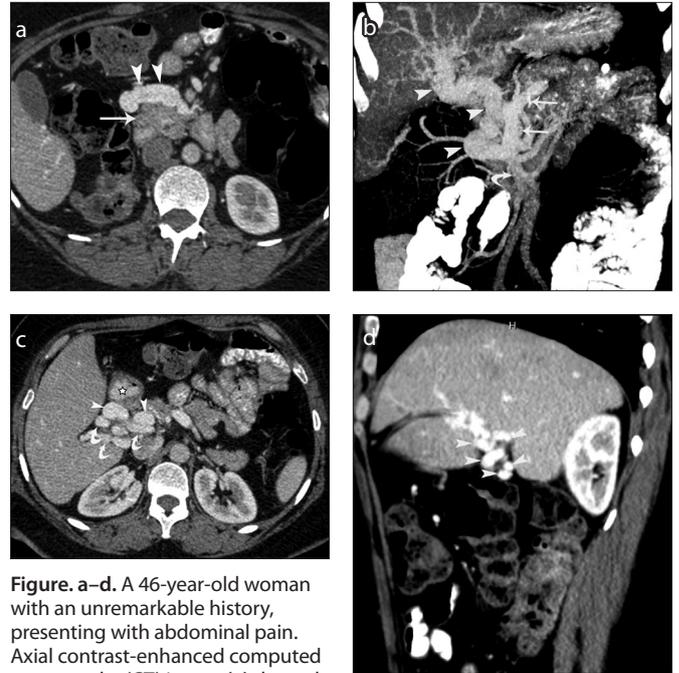
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**Figure. a–d.** A 46-year-old woman with an unremarkable history, presenting with abdominal pain. Axial contrast-enhanced computed tomography (CT) image (a) through the level of pancreatic head (arrow) shows peripancreatic postduodenal portal vein (PPPV, arrowheads). Coronal volume rendering CT image (b) shows the abnormally shaped PPPV extending in the cranial direction (arrowheads). Note splenic vein (arrows) and superior mesenteric vein (curved arrow), forming the PPPV. Axial contrast-enhanced CT image (c) through the level of pancreatic neck shows PPPV (arrowheads) posterior to the duodenum (star) with variant branches (curved arrows). Sagittal contrast-enhanced maximum intensity projection CT image (d) shows multiple branches at the porta hepatis (arrowheads) due to abnormal early division of PPPV, mimicking cavernous transformation.