

Case Report on Chronic Pancreatitis

Dr. Pavneet Singh Maidh

Abstract: A rare case of Alcoholic Chronic Pancreatitis with Pancreatic pseudocyst with splenic artery pseudoaneurysm managed by multidisciplinary team of Interventional radiologists and Surgeons in a 35 year old male with brief case discussion. Pt. under follow up, is keeping good health.

Keywords: Chronic Pancreatitis, pseudocyst, pseudoaneurysm.

1. Case Report

A 35 year old male, resident of byculla, Mumbai, Hindu by religion, sweeper by occupation was apparently alright 1 year back when pt. noticed abdominal pain over epigastric region which was dull aching associated with meals and vomiting containing food particles.

Pt. was evaluated to have pancreatitis and was admitted, stabilized and managed conservatively, later discharged.

Pt. had similar complaints 3 months back, again evaluated to have pancreatitis, admitted and managed conservatively.

Pt. presented again with pain in abdomen associated with loss of appetite, vomiting evaluated to have pancreatitis based on investigations given below.

Pt. known chronic alcoholic since 10 years.

Examination:

GC - Fair

Conscious, Oriented to time/place/person

P - 100/min Afebrile

BP - 110/70 mm Hg No P/I/C/C/L/E

RR - 18/min.

P/A: Soft, tenderness present in epigastrium, mass palpable in epigastrium, dull note over mass. Bowel sounds normal.

INVESTIGATIONS:

Hb - 10 g/dl S. Creat - 1.0 mg/dl

WBC - 11000/micro LS. Albumin - 3.5 g/l

Plt - 1.7 L S. electrolytes - WNL.

S. lipase: 450 (raised)

USG (A+P): s/o Pancreatitis with pseudocyst (10*8 cm) in lesser sac.

CXP - PA - WNL

AXR erect - WNL

CECT (A+P): f/s/o Chronic Pancreatitis, dilated PD (1 cm), pseudocyst (10*8 cm) in lesser sac, splenic artery pseudoaneurysm.

Diagnosis: Recurrent Acute on Chronic pancreatitis with pancreatic pseudocyst and splenic artery pseudoaneurysm etiology being alcohol.

Course in ward: Pt. was admitted, resuscitated and underwent

- 1) Pigtail drainage of pseudocyst: output approx. 400 ml on insertion, serosanguineous.
- 2) Pseudoaneurysm coiling by Interventional Radiologist.

Pt. was stable in ward for 7 days on oral diet with pigtail output decreasing trend and was planned for Frey's procedure with excision of residual pseudocyst.

INTRAOP FINDINGS: Pancreatic head scarred with dilated MPD approx. 1 cm; pt. underwent Frey's procedure (coring out of head with longitudinal pancreatojejunostomy) with excision of residual pseudocyst and removal of pigtail.

POSTOP COURSE: Pt. was started on orals from POD 3, tolerated well. Post Op period was uneventful, then discharged. Pt. under follow up, is keeping good health.

2. Discussion

A case of complicated chronic pancreatitis underwent early drainage f/b excision of pseudocyst indication being symptomatic; coiling of splenic artery pseudoaneurysm; early Frey's procedure for pain control leading to reduced morbidity and mortality.

References

- [1] Keck T, Wellner UF, Riediger H, et al. Long term outcome after 92 duodenum - preserving pancreatic head resections for chronic pancreatitis: comparison of Berger and Frey procedures. *J Gastrointest Surg.* 2010; 14: 549 - 556.