

Pancreatic Panniculitis: A Rare Case Report

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Abstract: A 39 year old male, chronic alcoholic and known case of chronic Pancreatitis for past 6 years presented with pain and multiple swellings of bilateral lowerlimb and pain over knee joints of 1month duration. Biopsy from the lesion showed lobular panniculitis with dermal infiltration of lymphocytes and neutrophils. Visible superficial fat lobules infiltrated with macrophage and lymphocyte. Thus we came to the diagnosis of PANCREATIC PANNICULITIS and patient was treated with octreotide for pancreatitis along with symptomatic treatment for leg ulcers.

Keywords: PANCREATIC PANNICULITIS

1. Introduction

Pancreatic panniculitis (PP) is a rare variant of panniculitis characterized by subcutaneous fat necrosis, that affects 0.3-3% of patients across a range of different pancreatic disorders.

We report a case of Pancreatic Panniculitis, to highlight the significance of dermatological findings in diagnosing an underlying systemic disorder, as dermatologists often tend to miss the hidden systemic pathology of a skin manifestation.

2. Case Report

A 39 year old male, from Kolhapur district of Maharashtra, a chronic alcoholic and known case of chronic Pancreatitis for past 6 years presented with pain and multiple swellings of bilateral lower limb and pain over knee joints of 1month duration. For these complaints he has undergone multiple treatments with History of multiple incision and drain age done for pus discharging lesions of lower limb.



Figure 1

Clinical examination showed bilateral lowerlimb edema, with multiple erythematous tender sinuses and multiple

healed scars of previous I & D with distal pulsations palpable.

Blood investigation showed elevated ESR, GGT was raised, tumor marker CEA was WNL.

Serum lipase: 4415U/L serum amylase: 3200U/L.



Figure 2



Figure 3

USG showed chronic pancreatitis.

Colour doppler of legs showed multiple pyogenic abscesses.

Histopathology: Histopathological evaluation showed lobular panniculitis

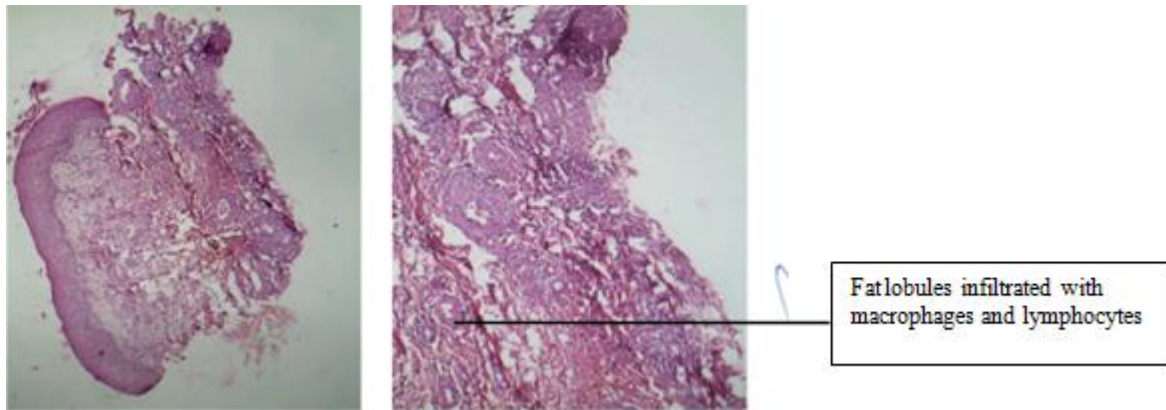


Figure 4: Dermal infiltration of lymphocytes and neutrophils. Visible superficial fat lobules infiltrated with macrophage and lymphocyte

3. Discussion

Pancreatic panniculitis (PP) is characterized by diffuse necrosis of subcutaneous and visceral fat with ulceration and discharge of oily brown, viscous material resulting from liquefactive necrosis of adipocytes.

Clinically presents with multiple tender, erythematous nodules which may ulcerate. The triad of pancreatitis, panniculitis and polyarthrititis is known as PPP-syndrome.

Systemic symptoms due to underlying pancreatic disease may be present like periarticular fat necrosis, leading to arthritis, pleuritis, peritonitis and necrosis of fat in bone marrow. Skin lesions are the presenting feature in about 40% of pancreatic panniculitis and precede the abdominal symptoms by 1-7 months.

Treatment of pancreatic panniculitis should be directed to underlying pancreatic disease and usually the cutaneous lesions heal once the acute inflammatory pancreatic process has resolved or surgically corrected. Treatment of pancreatic panniculitis should be directed to underlying pancreatic disease and usually the cutaneous lesions heal once the acute inflammatory pancreatic process has resolved or surgically corrected.

Administration of somatostatin analogue octreotide which inhibits pancreatic enzyme production gives improvement in pancreatic panniculitis in some but not all. Our patient was treated with Octreotide (sandostatin) a somatostatin analogue at a dose of 0.5 microgram/ kg iv infusion and the symptoms subsided along with lowering of pancreatic enzyme levels.

In 80-100% of cases of pancreatic panniculitis, the underlying condition is pancreatitis or pancreatic carcinoma. Early recognition of this condition is critical due to the high mortality from pancreatic disease when diagnosis is delayed. Appearance of panniculitis in such cases and its detection can be life saving. So a high index of suspicion is required to diagnose it and initiate timely and appropriate treatment.

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Conflicts of Interest

There are no conflicts of interest.

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