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Summary

A “COMPLICATED” CASE OF RECURRENT PANCREATITIS

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Pancreas

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A case report describes a 56-year-old man with chronic calcific pancreatitis who developed recurrent acute pancreatitis due to wirsungorrhagia from a bleeding pancreatic pseudocyst with pseudoaneurysm, treated with pancreatic stenting and angiographic embolization.

KEY POINTS

- Initial CT scan showed a 36 x 34 x 46 mm pseudocyst in the pancreatic head without apparent communication with the main pancreatic duct, managed conservatively
- The patient developed recurrent acute pancreatitis episodes despite cessation of smoking and alcohol, with pseudocyst enlargement and intracystic bleeding on follow-up imaging
- ERCP revealed active bleeding from the major papilla and demonstrated communication between the main pancreatic duct and the pseudocyst, treated with a 5 cm 10 French plastic stent across an 8-mm stricture
- Angiography identified a pseudoaneurysm of the accessory pancreaticojejunal artery supplying the pseudocyst, which was occluded with copolymer of ethylene vinyl alcohol, with no recurrent acute pancreatitis during three months of follow-up
- The authors note that wirsungorrhagia from complicated pseudocyst is a rare cause of acute pancreatitis that should be considered even without main pancreatic duct dilation or melena

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