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Summary

CHRONIC PANCREATITIS: AN ATYPICAL COMPLICATION OF CLASSIC WHIPPLE'S DISEASE

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A 54-year-old male with Whipple's disease presented atypically with upper gastrointestinal obstruction and recurrent acute pancreatitis, diagnosed by duodenal biopsy and successfully treated with prolonged antimicrobial therapy.

KEY POINTS

- Whipple's disease, caused by Tropheryma whipplei, is a rare multisystemic infection with diverse manifestations including cardiac, pulmonary, and neurological involvement that can be challenging to diagnose.
- The patient presented with progressive epigastric pain, nausea, vomiting, altered bowel habits, and mood changes, with investigations revealing distal duodenal swelling obstructing endoscope passage, inflammation around the ampulla of Vater, chronic pancreatitis features with calcifications, pseudocysts up to 27 mm, and enlarged lymph nodes.
- Histopathology showed extensive macrophage infiltration and PAS staining suggestive of T. whipplei infection.
- Treatment consisted of Ceftriaxone 2g orally daily for 30 days followed by Trimethoprim/ Sulfamethoxazole 960mg twice daily for one year, with successful outcome.
- The authors emphasize that presentations with upper gastrointestinal obstruction and pancreatitis are rare and that early identification through intestinal biopsy and appropriate antimicrobial therapy is critical to avoid irreversible complications.

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