Unusual presentation of acute peripancreatic fluid collection

Benjamin Cochran, Keith Sacco and Juan Canabal
Mayo Clinic, USA

Case Presentation: A 66-year-old man hospitalized for hepatic encephalopathy from cryptogenic cirrhosis developed hypoxemia after a witnessed aspiration of iodinated enteral contrast while being administered through a nasojejunal tube (NJT). On exam the patient was jaundiced with a diffusely tender abdomen. After the patient's respiratory status was stabilized, bedside fluoroscopy found that the NJT, which had been placed several days prior, appeared to have retracted into the stomach. Repositioning of the NJT was attempted, but it was unable to be advanced through the pylorus. Computed tomography was obtained and appeared to demonstrate gastric distention with heterogeneous fluid densities [Panel A]. Nasogastric suctioning was attempted, but no stomach contents were aspirated. Laboratory evaluation revealed lipase of 377 U/L consistent with a diagnosis of acute pancreatitis. In the sagittal plane of the CT [Panel B], the NJT can be seen coursing through the stomach, which was decompressed and displaced anteriorly by a 14 x 13 x 19 cm peripancreatic fluid collection. Drainage of the fluid was not attempted and the patient died of unrelated comorbidities 72 hours later.

Discussion: Formerly classified under the term pseudocyst, acute peripancreatic fluid collections occur during, or within 4 weeks, of an episode of acute pancreatitis, and are characterized by the absence of a definable wall and fluid collections are usually found incidentally on abdominal imaging of patients with pancreatitis and typically do not cause symptoms. For asymptomatic or minimally symptomatic fluid collections, expectant management is preferred as many will resolve on their own. If drainage is required, the option of percutaneous, endoscopic, and open surgical approaches should be based on the location of the fluid and patient characteristics.

Conclusion: Acute pancreatitis is a common reason for hospitalization, and it is important to maintain a high index of suspicion for potential complications to reduce morbidity and mortality in these patients. This case illustrates an unusual presentation of a peripancreatic fluid collection causing gastric compression leading to the diagnosis of pancreatitis.

Cochran.Benjamin@mayo.edu