Austin Journal of Clinical Case Reports

Open Access

Austin Publishing Group

Clinical Image

Post-ERCP Acute Necrotizing Pancreatitis

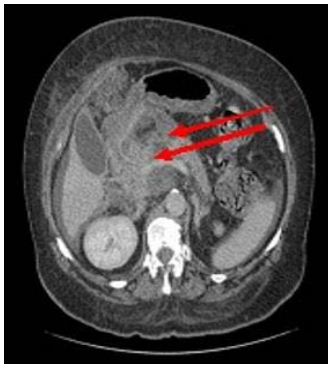
Cadena I*, Sara N, Fonseca S and Grego M
Department of Internal Medicine, Hospital Distrital de Santarém, Portugal

***Corresponding author:** Cadena I, Avenida Bernardo Santareno, Santarém, Portugal

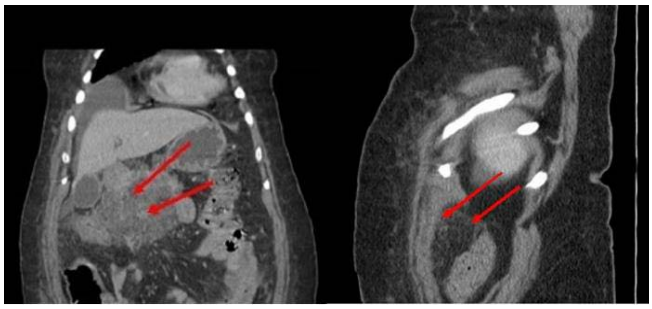
Received: December 19, 2019; **Accepted:** December 26, 2019; **Published:** December 31, 2019

Clinical Image

A 73-year-old woman was admitted to our hospital, due to clinical symptoms of abdominal pain, vomiting, jaudince and fever. Physical examination showed dehydrated, conjunctival jaundice and painful palpation in the right hypochondrium. The blood test showed: Leukocytes 14000x10^9/L Leukocytes, Total Bilirubin 2.0mg/dl, Direct Bilirubin 0.7mg/dl, AST 122U/L, ALT 150U/L. In the Abdominal Ultrasonography it was noted a slight hepatomegaly with a normal Gallbladder with no evidence of lithiasis or intrahepatic biliary ducts dilatation. Meanwhile in the common bile duct there was indirect signal of dilatation probable caused by Gallstones. An ERCP was performed and showed a dilated primary biliary tract with small and multiple small lacunar images, an extraction of gallstones were done. During admission 24 hours after-ERCP, the patient clinical condition worsened. The blood test evidenced leukocytosis of 22000 x10^{9}U/L, amylase 2087U/L, lipase 4624U/L and blood cultures grew an ESBL-producing *E. Coli* and Antibiotic therapy were performed. The CT abdomen revealed an increased dimensions of the head and body of the pancreas, with areas of edema and necrosis suggesting acute necrotizing pancreatitis (Panel A and B). Progressive deterioration of the clinical condition with multiple organ failure, dying 96 hours after admission.



Panel A:



Panel B:

Citation: Cadena I, Sara N, Fonseca S and Grego M. Post-ERCP Acute Necrotizing Pancreatitis. Austin J Clin Case Rep. 2019; 6(5): 1160.