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## 1

=Abstract=

**A case of gastric and colonic fistulas with pancreatic and peripancreatic abscess after acute necrotizing pancreatitis**

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According to several reports, the incidence of pancreatic and peripancreatic abscess after acute pancreatitis is quoted at about 5 percentage and this rare complication may cause fistulas with multiple intra-abdominal organs. Mortality rates are nearly 100 per cent, mostly due to sepsis and hemorrhage in the absence of surgical intervention and even with surgical drainage and celiotomy, death rate of 30 to 50 percentage are noted due to recurrence.

The pathogenesis of these fistulas may be multifactorial ; activated pancreatic enzyme and the products of secondary infection penetrating visceral wall directly, and vascular thrombosis and shock causing ischemic necrosis of the gastrointestinal wall.

The gastrointestinal fistulas after acute necrotizing pancreatitis have been reported rarely in Korea.

The authors experienced a sixty three year old male patient case of gastric and colonic fistulas in communication with retroperitoneal pancreatic abscess after acute pancreatitis. The patient received broad-spectrum antibiotics and percutaneous catheter drainage without surgical intervention. After treatment, he recovered well complete. Conservative care with drainage procedure may be a suitable alternative for managing the gastrointestinal fistulas with the pancreatic and peripancreatic abscess after acute necrotizing pancreatitis. (Korean J Med 58:675-680, 2000)

**Key Words** : Pancreatitis; Abscess; Fistula; Drainage

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Ca/P 8.1/3.3 mg/dL, BUN/Cr 50.5/4.1 mg/dL, SGOT/SGPT 15/4 IU/l, ALP 106 IU/l, 5.1/1.8 g/dL, 0.9 mg/dL, 125 mg/dL, amylase/lipase 71/786 IU/l, LDH 101 IU/l, prothrombin time 16.3 sec (INR 1.4), FDP , fibrinogen 573mg/dL, D-dimer , ESR 58 mm/hr, CRP 16.5 mg/dL .

Enterococcus faecalis, K.pneumonia, Acinetobacter baumannii, Pseudomonas aeruginosa

(Figure 1).



**Figure 1.** Gadolinium enhanced coronal T1-weighted MR image (TR/TE,100/1.8/ Fr) obtained at admission shows large retroperitoneal abscess in both anterior pararenal space.

(Percutaneous catheter drainage)

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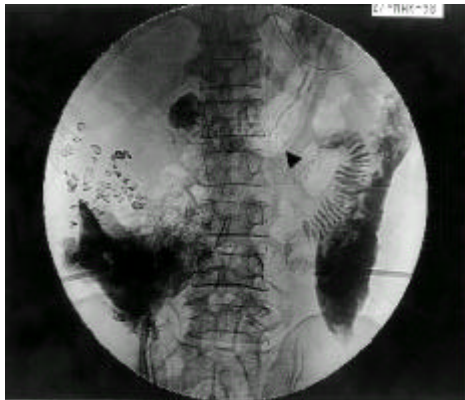
(Figure 2).

10Fr. pigtail

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5% 가 1). 가 100% 가 1-6). 가 11-17). 가 1 : .63 : , , 10 : , 5 amylase lipase 가 : 40 2-4 1-2 가 : 95/50 mmHg, 120 / , 37.5 , 20 / . 가 20,510/mm<sup>3</sup> (seg 90.9%), 8.9 g/dL, 27.1%, 558,000/mm<sup>3</sup> . Na/ K/ Cl/tCO<sub>2</sub> 132/3.1/90/32 mmol/L ,

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**Figure 2.** Bilateral retroperitoneal abscesses are drained via percutaneous catheter. Stomach was filled with contrast material injected through the catheter inserted into right retroperitoneal abscess (arrow :stomach).



**Figure 3.** EGD shows sealing off of the fistulous opening at the posterior wall of the antrum (arrow).

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9

20 ( 17 )  
22

(Figure 3),

가

34

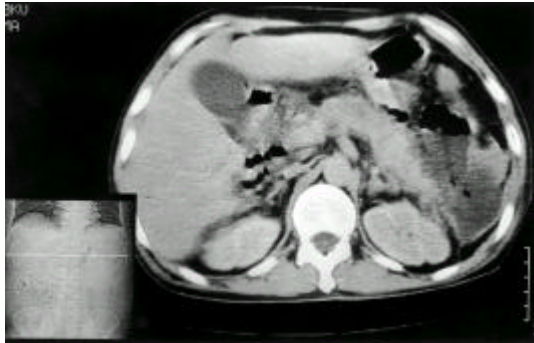


Figure 4. A



Figure 4. B

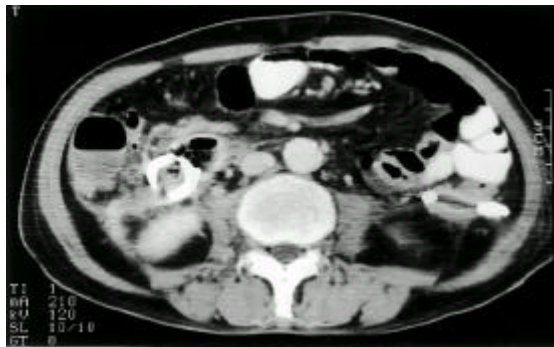


Figure 4. C

**Figure 4 A, B, C.** Serial abdominal CT shows gradual decrease in size of the bilateral retroperitoneal abscess. A: Initial CT shows localized fluid collection and air around pancreatic tail (before admission). B: CT scan obtained at the time of demonstrates large bilateral retroperitoneal abscess. (Hospital Day #3) C: On HD #44, followed CT shows decrease in size of the abscess cavities.



Figure 5. Fistulogram obtained through the left abscess cavity shows a fistulous opening into transverse colon.

3  
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44

가 (Figure 4A-C) 45

73

74 (Figure 5),

pigtail 19Fr

97

가

5%

가

가

가

1990

가

100%

30 50% 가

1990

가

100%

30-50% 가

15

가

20,510/mm<sup>3</sup> (seg. 90.9%)

IU/L

7

가

가

가

2, 3, 5)

( 10 90 )

5, 6)

7)

APACHE

Ranson's Criteria

가

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11)

가

7)

가

가

11-14)

가

1995 Hung

54%

가

6)

1990 Brucker

16)

17)

17)

가

17)

7

8

1990

100%

가

12, 13)

20 40%

가 가

2

가

5%  
가  
가  
(Percutaneous catheter drainage)

100%

가

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