

Gastropancreatic fistula in a patient with chronic pancreatitis and IPMN

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DESCRIPTION

A 66-year-old man was admitted to our division of internal medicine because of enteritis and sepsis. In the past, the patient had presented with chronic pancreatitis due to alcohol assumption, diabetes, cirrhosis and an intraductal papillary mucinous neoplasm (IPMN) of the pancreas (main type). At the present clinical examination, he was vomiting and had diarrhoea. Blood tests revealed leukocytosis (white cell count=19 900/ μ L), elevated PCR (27 mg/dL) and glicometabolic failure (glucose 256 mg/dL). The patient received broad-spectrum antibiotics, parenteral nutrition and rehydration, and showed sudden improvement. However, on realimentation, he developed a rapid increase of amylase (192 U/L) and lipase levels (1053 U/L), but had no abdominal pain. An abdominal sonography was performed, showing marked dilatation (17 mm) of the Wirsung duct. A CT scan of the abdomen confirmed the severe dilatation of the Wirsung duct, while the dimensions of the known IPMN were unchanged. Furthermore, a gastropancreatic fistula was observed (15 mm of diameter), connecting the pancreas body to the antral region of the stomach (figures 1 and 2). Alimentation was stopped and endoscopic examination was performed, confirming the presence of a gastric fistula. About 50% of internal and 70% of external pancreatic fistulas can be managed without the need for interventions.¹ However, while stenting during endoscopic retrograde cholangiopancreatography may treat fistulae associated with stenosis and gallstones, the presence of a severe (15 mm diameter) gastric communication responds to few therapeutic alternatives other than surgery. This patient underwent surgical duodenal-pancreatectomy with splenectomy and en bloc gastrectomy.



Figure 1 CT scan showing gastropancreatic fistula.



Figure 2 Minimum intensity projection multiplanar CT volumetric rendering with artificial green colour to highlight the gastropancreatic fistula and the Wirsung duct dilatation.

Learning points

- ▶ Gastropancreatic fistula is a rare complication of chronic pancreatitis and can be associated with intraductal papillary mucinous neoplasm (IPMN).^{2 3}
- ▶ Gastropancreatic fistulae can also be asymptomatic and discovered incidentally.
- ▶ Closed abdominal sonography follow-up is advisable in those patients with both chronic pancreatitis and IPMN.

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Contributors AM wrote the manuscript. AM and PRV managed the patient. MB provided CT scan images; AG reviewed clinical assessment of the patient.

Competing interests None declared.

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