

Title:

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Massive splenic infarction secondary to exacerbation of chronic pancreatitis - Initial diagnosis with digestive ultrasound

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Dear Editor,

We present the case of a 46-year-old male under follow-up for chronic pancreatitis of toxic origin and a 5 cm pseudocyst in the pancreatic tail known since 2020 with no clinical repercussions. He was admitted to our department in 2023 with symptoms compatible with exacerbated chronic pancreatitis. In the first few hours of admission, the patient presented with fever (38.5°C) and hypotension (89/56mmHg). We performed an urgent abdominal ultrasound where we observed the pseudocyst in the pancreatic tail, adjacent to the splenic hilum, which currently measures 7.6 cm in maximum diameter and hyperechogenic areas ultrasonographically compatible with gas in the splenic parenchyma suggesting a possible splenic infarction. We completed the study with a CT scan which, in addition to describing the inflammatory changes in the pancreatic cell, confirmed the described growth of the pseudocyst, causing compression of the splenic vessels and air bubbles of diffuse distribution in the spleen, all indicative of massive splenic infarction.

Urgent surgery was ruled out and conservative management with endoscopic drainage of the pseudocyst by placement of a lumen-apposing metal stent and broad-spectrum antibiotic therapy was chosen, with a favourable clinical outcome and complete resolution of the pseudocyst after drainage.

DISCUSSION

Splenic infarction represents a rare complication, occurring in 7% of cases of pancreatic inflammatory pathologies (1, 2). This is justified by the close anatomical relationship between the pancreas and the splenic hilum. Treatment depends on the aetiology and is usually conservative. Splenectomy is only justified by the occurrence of complications such as splenic abscess, ruptured spleen, haemoperitoneum or persistent pain (3).

We must be aware of its existence and suspect it in the event of clinical deterioration of the patient, as well as its manifestations in imaging tests, in order to make an early diagnosis and treatment due to its high risk of morbidity and mortality (4). While CT is still the preferred diagnostic technique, the growing use of ultrasound in many digestive units, due to its accessibility and safety for patients, allows for early diagnosis and targeted treatment to prevent further complications.

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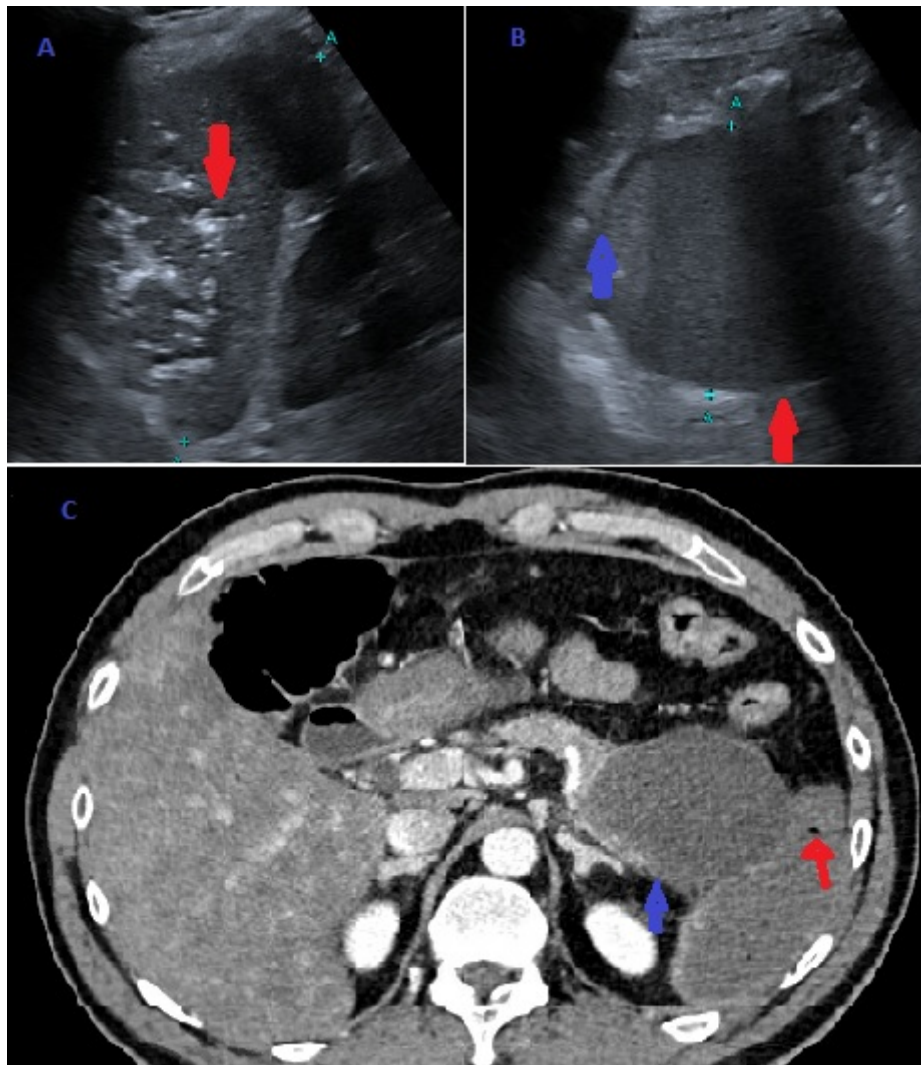


Fig. 1.