

**Title:**

**Acute pancreatitis due to fishbone**

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## Acute pancreatitis due to fishbone

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Dear Editor,

A 68-year-old woman with obesity and ulcerative colitis history, referred to the emergency department and transferred to the ICU, with severe epigastric belt-like abdominal pain (requiring opiates) with sudden onset 10 hours after the last meal. The clinical exploration presented painful abdomen with epigastrium peritoneal irritation.

Laboratory tests showed elevated amylase (2600 U/l) and lipase (1127 U/l), with leukocytosis and neutrophilia. CT scan reported acute pancreatitis versus prepyloric gastric perforation, although no extraluminal gas was described, and a sharp foreign body was objectified penetrating the pancreatic parenchyma (Fig 1-2). Given the findings, laparoscopic exploration was decided.

After the exploration of the omentum transcavity, gastric posterior wall and pancreatic cell, only hematoma and several subcentimeter necrotic pancreatic nodules were observed. There was no evidence of foreign body nor continuity solution in the gastric

wall, so we carried out an intraoperative switch to supraumbilical laparotomy. Finally, by digital palpation, a 15mm fishbone (Fig 3) was identified in the referred pancreatic parenchyma.

The patient was discharged from the ICU on the second day, but her hospital admission needed to prolong due to a paralytic ileus and a subsequent flare-up of ulcerative colitis, treated by the Digestive Department. She remains without complications 12 months later.

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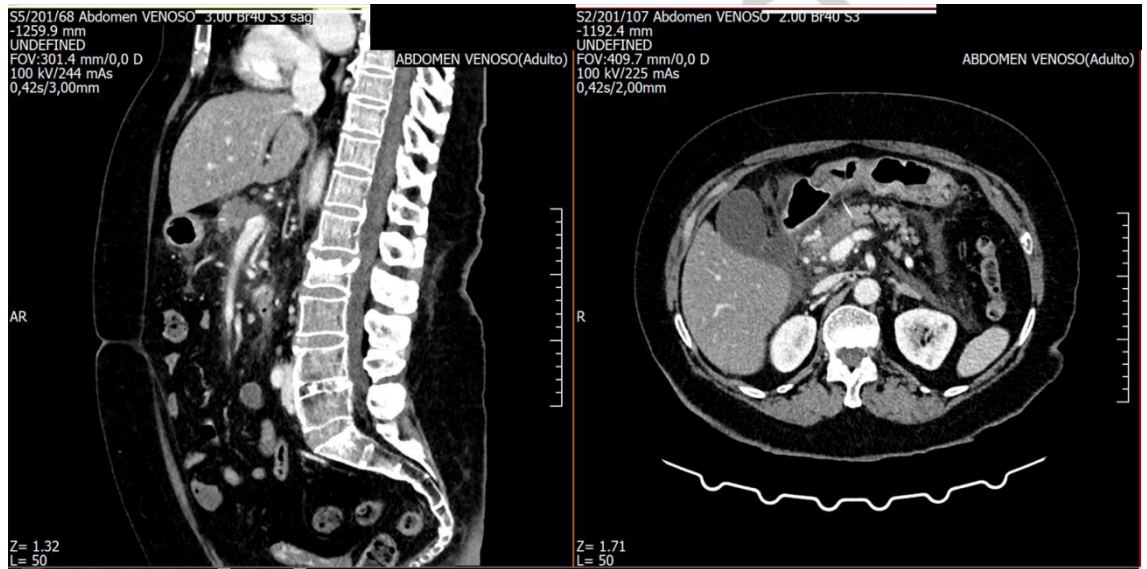
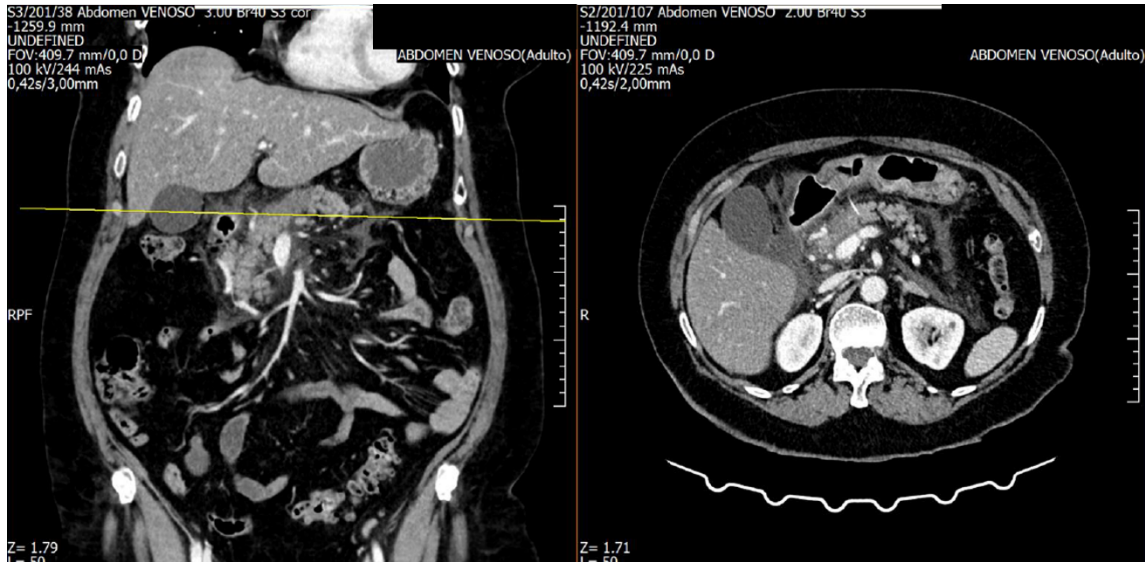


Figure 1: CT scan sagittal and axial images with the fishbone visualization.



- Figure 2: CT scan coronal and axial images with the fishbone visualization.

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- Figure 3: Fishbone of 13 mm approximately by measure with the surgical ruler.