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Title:
Pancreaticocolonic fistula resolved through conservative management: a case that defies the norm

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Dear Editor,

Among the local complications of acute pancreatitis there is a significant one: the formation of pancreatic pseudocysts and encapsulated necrotic collections. Spontaneous fistulization of such a collection into the colon is a rare event, occurring in less than 3% of cases, and most of these are further complicated by bleeding or perforation, often requiring urgent intervention (1, 2).

Case report

We present the case of a 47-year-old male with a first episode of severe necrotizing acute pancreatitis. He developed necrohaemorrhagic pancreatic collections, the largest one adjacent to the greater curvature of the stomach, which was drained via a lumen-apposing metal stent, with up to 7 necrosectomy sessions performed. He also developed a retroperitoneal collection located in the infrapancreatic region. However, the patient's fever persisted despite antibiotic treatment, until, after two months period of hospitalization, an abdominal computed tomography (CT) scan revealed a clear communication between the hepatic flexure of the colon and the infrapancreatic retroperitoneal collection. This communication consisted of a defect in the posterior colonic wall measuring approximately 12 mm in diameter (Fig. 1A).

An initial management approach involving a diverting ileostomy was considered. However, after presenting the case in a multidisciplinary medical-surgical meeting, and given the absence of life-threatening complications or signs of sepsis, a conservative approach was decided upon instead. This consisted of parenteral nutrition, broad-spectrum antibiotics, and periodic imaging follow-up.

Subsequent imaging studies showed a progressive reduction in the size of the collection. Two months after the initial identification of the pancreaticocolonic fistula, an abdominal magnetic resonance imaging (MRI) scan showed a reduction in the size of the infrapancreatic collection and fibrotic-adhesive tracts from the mesocolon to the pancreatic bed, consistent with closure of the fistulous tract (Figs. 1B/C). The patient was eventually discharged without antibiotics, afebrile, and tolerating an oral diet.

Discussion

Colonic fistula formation associated with pancreatic or peripancreatic collections is an uncommon but serious complication of pancreatitis, with a reported mortality rate ranging (17%-67%) (3). These cases typically require surgical or endoscopic intervention, as documented in the literature (4, 5, 6). The transverse colon and splenic flexure are most commonly affected due to their anatomical proximity to the pancreas (7).

Our case is of particular interest due to its favourable progression, with spontaneous resolution of a 12 mm colonic fistula through conservative management alone, without the need for invasive intervention within a two-month period. This outcome underscores the importance of considering conservative treatment as a viable alternative in selected, hemodynamically stable patients, depending on the clinical context.

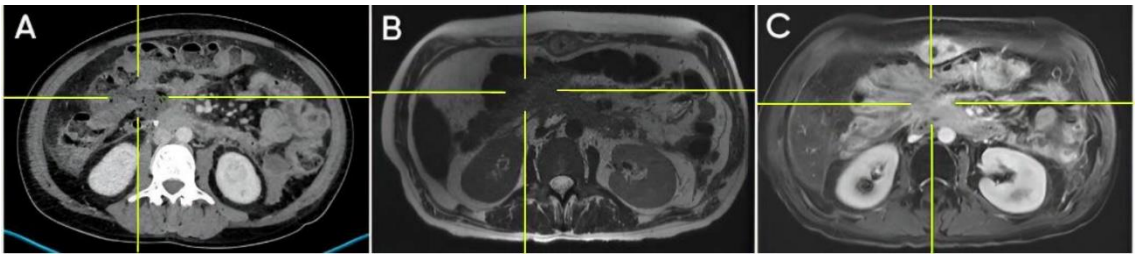

Fig. 1. A: Axial contrast-enhanced abdominal CT scan: Pancreaticocolonic fistula observed as a defect between the collection and the posterior colonic wall, approximately 12 mm in diameter. **B and C:** Axial T2-weighted MRI and dynamic contrast-enhanced study: inflammatory changes in the transverse mesocolon with fibrosis and adhesions to the pancreatic bed, demonstrating absence of the fistula.

References:

1. Somani PO, Jain SS, Shah DK, Khot AA, Rathi PM. Uncomplicated spontaneous rupture of pancreatic pseudocyst into stomach: A case report. World J Gastrointest Endosc. 2013 Sep 16;5(9):461-4.

2. Nagpal AP, Soni H, Haribhakti S. Severe Colonic Complications requiring Sub-Total Colectomy in Acute Necrotizing Pancreatitis-A Retrospective Study of 8 Patients. Indian J Surg. 2015 Feb;77(1):3-6.

3. Suzuki A, Suzuki S, Sakaguchi T, Oishi K, Fukumoto K, Ota S, Inaba K, Takehara Y, Sugimura H, Uchiyama T, Konno H. Colonic fistula associated with severe acute pancreatitis: report of two cases. Surg Today. 2008;38(2):178-83.

4. Y, Kudo T, Shigesawa T, Fujita Y, Endo A, Ono Y, Nakamura M, Nagasaka A, Nishikawa S. Pancreatic pseudocyst with complicating colonic fistula successfully closed using the over-the-scope-clip system. Endoscopy. 2014;46 Suppl 1 UCTN:E178-9.

5. Rana SS, Sharma R, Dhalaria L, Kang M, Gupta R. A Case Series of Late Gastrointestinal Fistulization in 16 Patients with Walled-Off Necrosis. Dig Dis Sci. 2022 Feb;67(2):661-666.

6. Hwang SO, Lee TH, Park JW, Park SH, Kim SJ. Endoscopic management of multiple colonic fistulae secondary to acute pancreatitis (with video). Gastrointest Endosc. 2010 Feb;71(2):395-7; discussion 397.

7. Díaz Alcázar MDM, García Márquez J, García Robles A, Zuñiga de Mora Figueroa B. Colon perforation due to fistulization of a pancreatic pseudocyst. Rev Esp Enferm Dig. 2019 Feb;111(2):157-158.