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Groove pancreatitis: a rare cause of severe gastric dilation

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CASE REPORT

A 57-year-old male with a history of chronic pancreatitis related to heavy smoking and alcohol abuse was evaluated in the Emergency Department due to a three-day history of epigastric pain and postprandial vomiting. Abdominal computed tomography (CT) was performed and revealed a severe gastric dilation that reached the pelvis (Fig. 1). There was a marked concentric mural thickening at the duodenal level and intramural cysts that caused a narrowing of the light and a retrograde gastric dilation (Figs. 2 and 3). There were no findings suggestive of chronic pancreatitis (Fig. 3).

A diagnosis was made of duodenal obstruction due to groove pancreatitis with severe secondary gastric dilatation. A nasogastric tube was placed and 6 l of retention content were obtained. There was a slowly favorable evolution of acute inflammatory changes with partial recovery of the duodenal lumen with total parenteral nutrition and complementary supportive measures of acute pancreatitis. This allowed a correct oral intake.

DISCUSSION

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Groove pancreatitis is an uncommon form of chronic pancreatitis, related to alcohol and tobacco. It affects the area between the pancreatic head, the duodenum and the common bile duct (1,2). The diagnosis is challenging. Sometimes, it is difficult to differentiate it from other infiltrative processes that affect the paraduodenal groove, such as duodenal adenocarcinoma and mainly, pancreatic head adenocarcinoma (3). CT, magnetic resonance imaging (MRI) and endoscopic ultrasound (EUS) with a fine needle aspiration can help to establish the diagnosis. Surgical treatment via a pancreaticoduodenectomy is the definitive solution in cases of a high suspicion of malignancy or symptoms refractory to conservative and/or endoscopic management (3).

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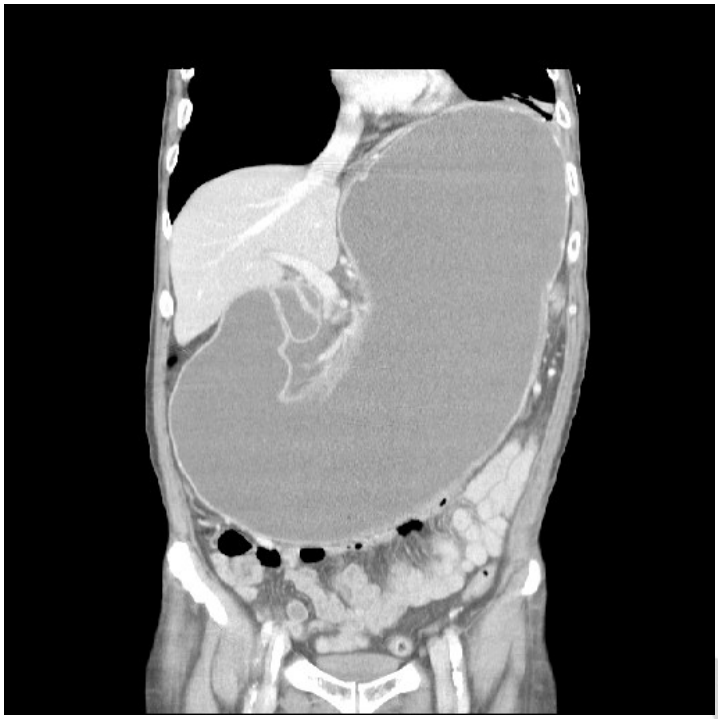

Fig. 1. Marked dilation of the stomach that reaches the pelvis.

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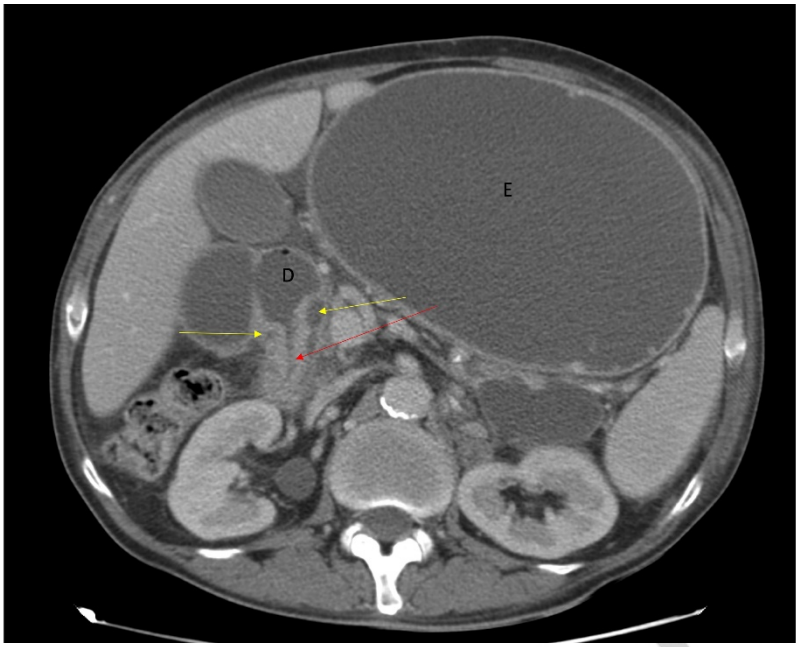

Fig. 2. Axial section showing the dilated stomach (E) and duodenum (D). Yellow arrows show the thickened duodenum wall due to numerous cysts that determine a severe stenosis of the lumen (red arrow).

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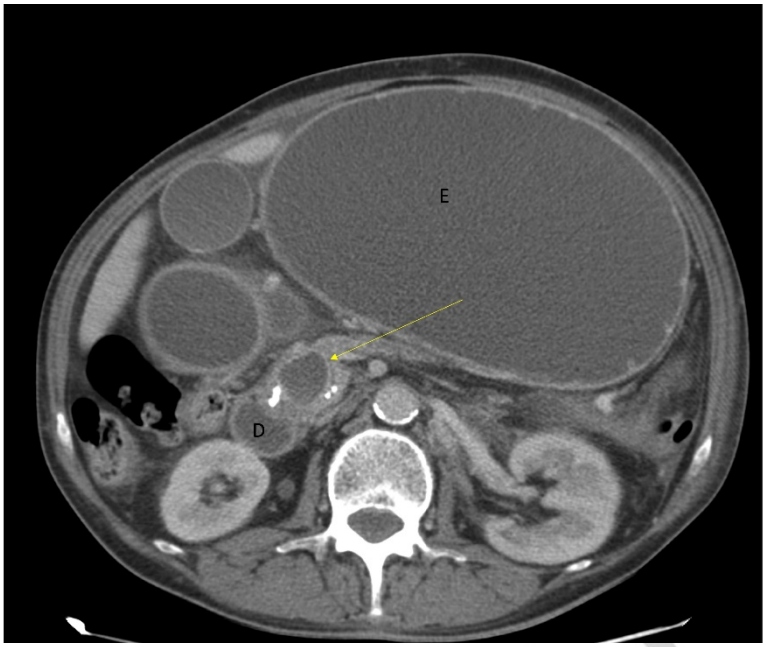

Fig. 3. Axial section showing the dilated stomach (E) and duodenum (D). The yellow arrow shows a pseudocyst and several gross calcifications in the pancreas head.

COMMENTARY

Groove pancreatitis is a rare form of chronic pancreatitis that involves the space between the pancreatic head, the duodenum and the common bile duct (1). The diagnosis can be challenging as it can mimic a pancreatic carcinoma or duodenal cancer. In addition, the patient can present with gastric outlet obstruction due to duodenal stenosis.

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