EXTREMELY UNCOMMON COMPLICATION OF ACUTE PANCREATITIS: SPONTANEOUS PANCREATIC CUTANEOUS FISTULA

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An extremely uncommon complication of acute pancreatitis: spontaneous pancreatic cutaneous fistula

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Dear Editor,

We report the case of a 67-year-old male who was referred to our hospital due to severe abdominal pain and fever. His past medical history included a total gastrectomy surgery for stomach cancer. Abdominal examination showed intense pain on deep palpation in the epigastric region. Laboratory test revealed elevated C-reactive protein (235 mg/l) and amylase (1,789 U/l). Computerized tomography reported a pancreatic collection with the presence of air bubbles inside and areas of necrotic pancreatic parenchyma (Fig. 1A). A percutaneous drainage was considered due to the lack of improvement with antibiotic therapy and the high risk of performing endoscopic drainage in a patient with a gastrectomy. However, before performing the procedure, the patient showed an erythematous and indurated skin area in the upper abdominal region. Suddenly, these signs evolved with a purulent cutaneous fistula (Fig. 1B). In a few days the patient showed an improvement of clinical and laboratory parameters. A new imaging study was performed that confirmed our suspicions, showing the fistulous pancreatic cutaneous route (Fig. 1A). Once the resolution of the collection was confirmed (Fig. 1A), octreotide was administered for ten days, achieving closure of the fistula.

Discussion

Acute necrotizing pancreatitis accounts for 10-25% of all the acute pancreatitis. They are characterized by a high mortality and morbidity, essentially due to the onset of “multiple organ failure syndrome” and necrosis superinfection. Approximately one third of patients with...
pancreatic necrosis develop infected necrosis (1).

External pancreatic fistula is a common occurrence after surgical or percutaneous interventions for infective complications of acute severe pancreatitis. However, a spontaneous pancreatic cutaneous fistula is extremely rare. We only found one case in the literature associated with severe acute pancreatitis (2) and another case related with a pseudocyst in a chronic pancreatitis case (3).

Due to the lack of information about this infrequent entity, we based the therapeutic management on published evidence about the use of analogs of somatostatine to achieve closure of gastrointestinal fistula (4). This drug exerts inhibitory effects on gastrointestinal hormones and may therefore be beneficial in the targeted treatment of this kind of fistulae.

References
Fig. 1. A. Radiological evolution (computed tomography): in the first cross section (left), necrotizing pancreatitis with peripancreatic collections with gas inside is observed, suggestive of infection; in the second cross section, the extension of the pancreatic collections to the abdominal wall develops a cutaneous fistula; and the third cross section (right) shows collections resolved by spontaneous drainage through the pancreatic cutaneous fistula. B. Purulent material from a spontaneous cutaneous fistula collected in a colostomy bag.