An atypical cause of recurrent pancreatitis

Pavan J. Patel, MD
1Department of Medicine – Rutgers Robert Wood Johnson Medical School

Introduction

• The underlying etiology of acute pancreatitis is usually identified, with only 10-15% of cases lacking a clear explanation.1
• The most frequent causes are gallstones and alcohol use.1
• However, cases such as the one described here, provide a valuable teaching opportunity when the cause is unclear.

Case Presentation

Initial Presentation

• A 63-year-old male presented with a three-week history of burning, 8 out of 10, periumbilical and epigastric abdominal pain that radiates to the back and worsens with food.
• He denied nausea, vomiting, hematochezia, melena, chest pain, shortness of breath, fevers, chills, weight loss and night sweats.
• His past medical and family history were non-contributory.
• His social history was negative except self reported alcohol use, endorsing multiple drinks a week prior to presenting.
• The patient’s physical exam was benign, and was negative for abdominal tenderness, guarding, or distention.
• Laboratory findings were significant for an elevated lipase of 245 and a mild isolated elevation of ALT to 37.
• CT Abdomen/Pelvis: Mild haziness around the pancreatic head suspicious for pancreatitis (Figure 1).
• He was admitted and treated supportively for pancreatitis.

Follow up Presentation

• Nine days later, patient presented again for identical pain.
• He revealed that prior to his initial hospital stay, at another institution he had a right inguinal lymph node biopsy performed due to painful lymphadenopathy.

Diagnostic Imaging

Figure 1. CT Abdomen / Pelvis performed on presentation. Cross sectional images demonstrating haziness of pancreatic head concerning for mild pancreatitis, no masses noted. Right image also demonstrates incidental left renal cysts.

Follow up Presentation

• On admission, patient presented again for identical pain.
• He revealed that prior to his initial hospital stay, at another institution he had a right inguinal lymph node biopsy performed due to painful lymphadenopathy.

Figure 2. PET scan performed following biopsy confirmed lymphoma. Cross sectional images demonstrating a hypermetabolic lesion in the uncinate process.

Discussion

• The presentation for undiagnosed lymphoma typically involves the characteristic “B symptoms” of fevers, night sweats and weight loss.
• Interestingly for our patient, the presenting symptoms of his underlying malignancy was recurring pancreatitis.
• From history, physical and initial imaging, it was difficult to identify a specific etiology for his acute pancreatitis.
• The only identifiable risk factor for acute pancreatitis in this patient was alcohol use however, in between episodes he did not consume any alcohol.
• His initial CT did not identify any biliary pathology.
• This case demonstrates an interesting atypical presentation of lymphoma.
• It also demonstrates that malignancy should be considered as a cause of pancreatitis when the most frequent causes are not present (gallstones, alcohol).
• This case also demonstrates the value of integration between electronic medical records across institutions.
• This patient’s care was fractioned between two institutions, and in this case the unavailability of outside information ultimately delayed this patient’s care for his newly diagnosed cancer.

Case Presentation (continued)

• Those biopsy results now revealed diffuse large B-Cell lymphoma.
• Pancreatic involvement was confirmed on PET scan (Figure 2) demonstrating a hypermetabolic lesion in the uncinate process.
• Patient was again treated supportively and followed up with oncology as an outpatient.

Case Presentation (continued)

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