An atypical cause of recurrent pancreatitis

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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

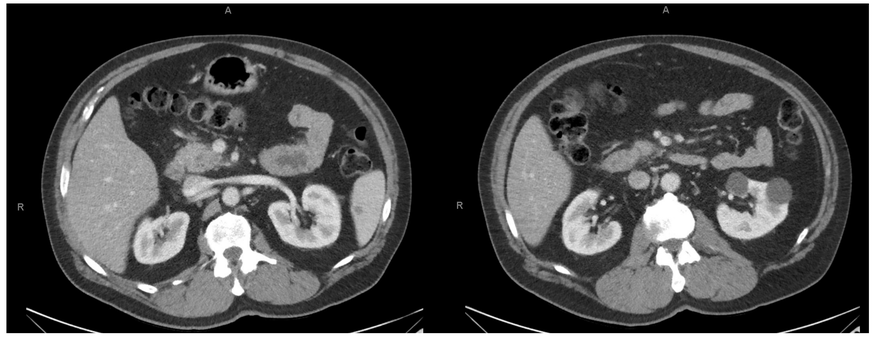

Figure 1. CT Abdomen / Pelvis performed on presentation. Cross sectional images demonstrating haziness of pancreatic head concerning for mild pancreatitis, no masses noted. Right image also demonstrates incidental left renal cysts.

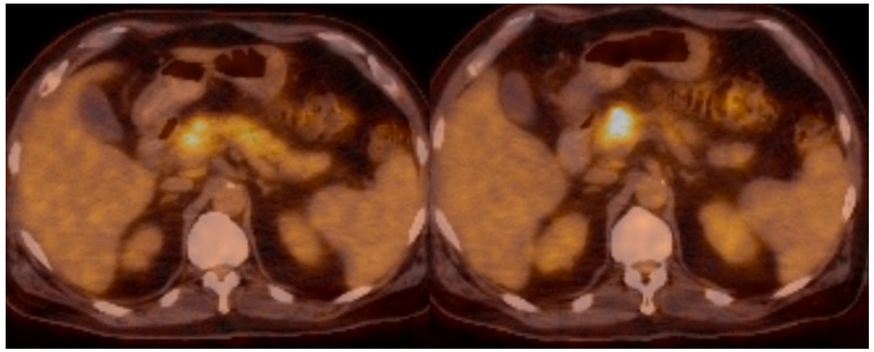

Figure 2. PET scan performed following biopsy confirmed lymphoma. Cross sectional images demonstrating a hypermetabolic lesion in the pancreas. The left image demonstrates a lesion in the clearly defined pancreas while the right image demonstrates peak enhancement of the lesion.

References

1. CForsmark CE, Baillie J, AGA Institute Clinical Practice and Economics Committee, AGA Institute Governing Board. AGA Institute technical review on acute pancreatitis. Gastroenterology 2007; 132:2022

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.

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.

Acknowledgements

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