Emphysematous pancreatitis: classic findings

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DESCRIPTION

A 55-year-old man with diabetes presented to our hospital with recent onset acute abdominal pain and recurrent vomiting. He was immediately admitted to the intensive care unit for ionotropic and invasive respiratory support. He had an acutely tender abdomen with distension. Haematological examination showed leucopenia (880/mm^3), thrombocytopenia (64 000/mm^3), elevated C reactive protein (68 mg/mL), metabolic acidosis (pH: 6.88) with a severely elevated blood lactate (14 mmol/L), estimated creatinine clearance <14 mL/min, hyperlipidaemia (1280 U/L) and serum amylase levels of 5134 U/L. Plain CT revealed extensive gas in the pancreatic bed extending into the lesser sac and adjacent retroperitoneal space (figure 1A, B). A diagnosis of acute severe emphysematous pancreatitis was made; although the patient was aggressively treated, unfortunately he died. Retrospective blood cultures were positive for *Enterobacter aerogenes*.

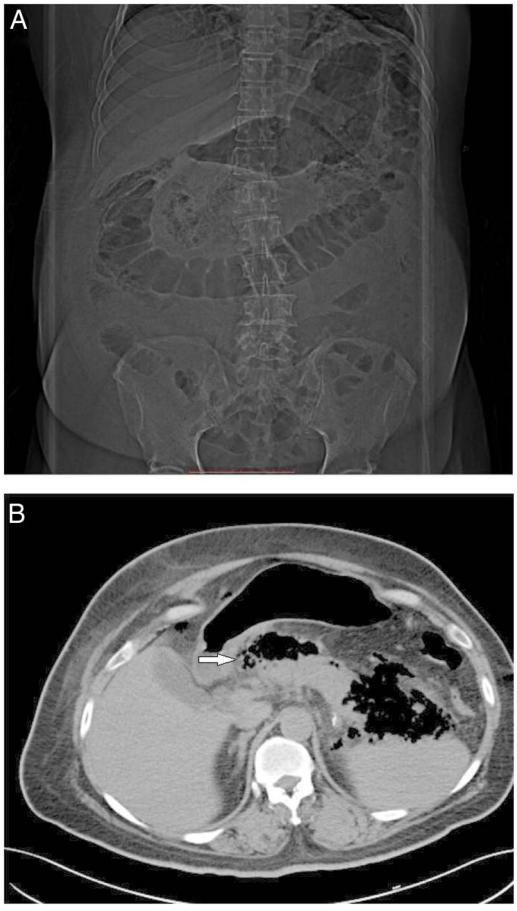

Figure 1 (A) CT image showing the presence of air lucencies in the epigastric region at the level of L1–L2 vertebral bodies, likely emphysematous pancreatitis. (B) Axial non-enhanced CT of the abdomen at the level of pancreas showing intraparenchymal air foci in the region of pancreatic head, body and tail (arrow) extending into the lesser sac and adjacent retroperitoneal space.

Learning points

- Pancreatic bed gas typically arises from polymicrobial infections due to gas-forming organisms, such as *Enterobacteriaceae* or anaerobes.
- It can also reflect fistulous communication between the pancreas and digestive tract.[1]
- Emphysematous pancreatitis due to infection of pancreatic necrosis is an extremely severe condition and has a high mortality.

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