Pancreatostomy in Undiagnosed Pancreatic Disease

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Pancreatography In Undiagnosed Pancreatic Disease

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INTRODUCTION

• Pancreatic pathology encompasses a broad differential and requires a multitude of diagnostic studies to accurately diagnose a specific condition.
• ERCP has been proven to be extremely helpful in the diagnosis and treatment of pancreatic ductal disease.
• However in the event of conflicting data between pancreatography and non-invasive imaging, direct ductal visualization with pancreatoscopy should be considered.
• Previous literature has described a unique role of pancreatoscopy in the event of discrepancies noted on ERCP and CT imaging1.
• We demonstrate a unique case in which a patient who had been diagnosed with a pancreatic stricture via ERCP was ultimately found to have stone disease discovered using pancreatoscopy.

CASE BACKGROUND

• A 72-year-old female with no significant medical history presented with radiating abdominal pain to her back with nausea and vomiting.
• Laboratory evaluation noted an elevated lipase of 6,570U/L with normal LFTs. All other basic labs were unremarkable.
• A contrast-enhanced abdominal CT study reported a 5mm mid-pancreatic duct (PD) stone causing acute distal pancreatitis (Figure 1). No gallstones or biliary dilation was noted which was confirmed via abdominal ultrasound.
• Unfortunately she failed conservative management and subsequently underwent endoscopic intervention with an ERCP. Pancreatogram revealed a stricture within the mid-PD without evidence of a stone (Figure 2). An internal flanged – external pigtail stent spanning the stricture was placed. Afterwards her symptoms gradually improved.

CASE PRESENTATION

• Approximately 4 weeks later, repeat endoscopic evaluation was performed to evaluate for an underlying malignant pathology.
• EUS did not reveal any parenchymal pancreatic disease. Her stent was subsequently removed.
• A pancreatoscopy was then performed which discovered an obstructing stone within the mid-PD (Figure 3).
• Due to it’s size, balloon catheter was unable to be passed, thus the stone was fragmented using electrohydraulic lithotripsy (EHL) and the PD was then swept clean using a balloon catheter.
• A stent was replaced and ultimately successfully was removed 8 weeks later.

DISCUSSION

• Within the realm of pancreatic medicine, there are multiple investigate modalities which can be utilized to diagnose and often treat pancreatic pathology.
• With recent advances in biomedical technology, pancreatoscopy is a rather new and advanced method of diagnosing pancreatic ductal disease.
• It’s vast use has been well demonstrated in the literature with regards to PD stone disease, strictures, chronic pancreatitis, and neoplastic investigation.1–3
• When faced with conflicting evidence between pancreatic imaging modalities, performing a pancreatoscopy is a great diagnostic tool which may assist with the management of patients with undiagnosed disease.

REFERENCES

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