Short Comunication

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DIY Meets WOPN: Spontaneous Erosion Of A Peripancreatic Fluid Collection Into The Stomach

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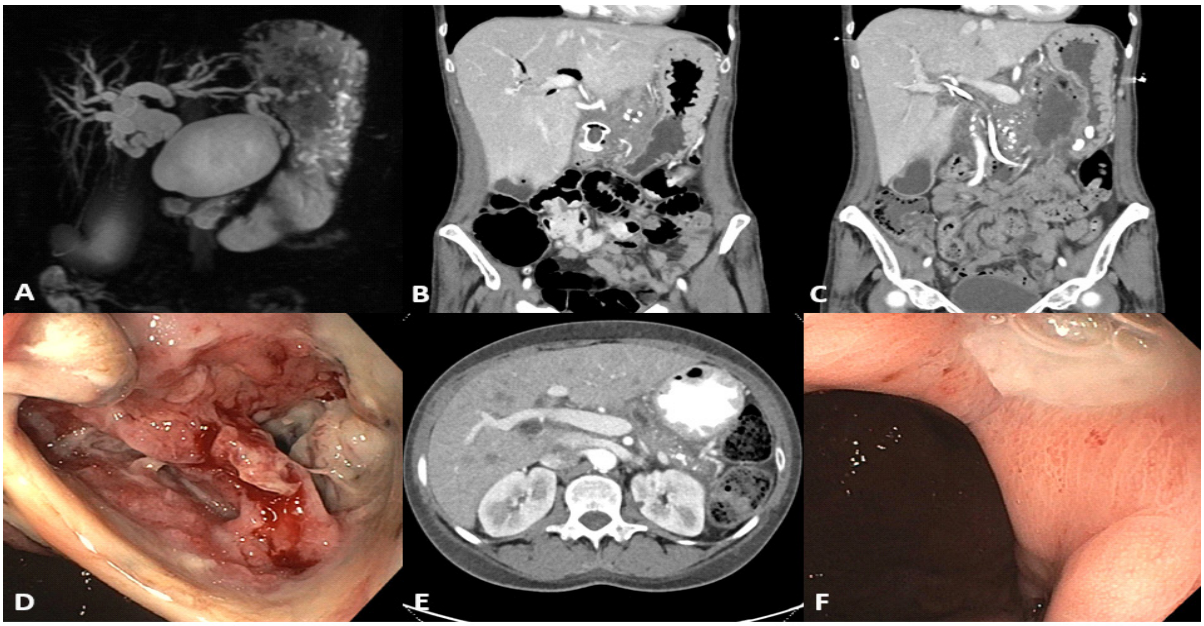
1. Clinical Image

1.1. Case Description:

A 55-year-old female with a history of chronic alcohol-related pancreatitis presented with abdominal pain and anorexia. Cross-sectional imaging revealed a homogenous large fluid collection located in the pancreatic head consistent with pseudocyst, which was followed with repeat imaging studies. She subsequently underwent uncomplicated endoscopic ultrasound (EUS) guided cystoduodenostomy with placement of a lumen opposing metal stent along with common bile duct stent placement for biliary obstruction. One month later she represented with recurrent abdominal pain, anorexia, fever, and leukocytosis. Repeat imaging studies revealed a new complex peripancreatic fluid and gas collection concerning an infected acute pancreatic fluid collection. She was scheduled for EUS- guided drainage the following day and interestingly improved symptomatically overnight just prior to the procedure. Upper endoscopy the following day revealed a 4cm defect in the posterior gastric wall filled with healthy-appearing granulation tissue and necrotic debris, indicative of spontaneous decompression of the infected pancreatic fluid collection. Acid suppression therapy was discontinued and interval endoscopy after 3 weeks showed resolution of the defect.



A. MRCP revealing 9.1cm pseudocyst with upstream pancreatic ductal dilation along with moderate intrahepatic and severe extrahepatic ductal dilation.
A. Imaging following LAMS placement with resolution of pseudocyst.
B. CT revealing large fluid collection near pancreatic tail with multiple air foci.
C. Endoscopic image of large gastric defect following erosion of pancreatic fluid collection into stomach.
D. CT revealing resolution of fluid collection following spontaneous decompression.
E. Healing ulcer at the site of prior gastric defect 1 month after decompression.