

A novel case of cysto-portal fistula responsible for liquid portal thrombosis associated with pancreatic panniculitis

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Description

A 53-year-old female without a **medical history other than chronic alcoholism, consulted in the summer of 2020** for epigastric pain. No biological or abdominal imaging was performed. Symptoms improved concomitantly with the prescription of proton pump inhibitors.

In April 2021, due to the recurrence of epigastric pain, an abdominal CT scan was performed and revealed a 5 cm pancreatic cyst in the hepatic pedicle associated with calcifying chronic pancreatitis (Figure 1A). This false cyst could not be drained by interventional radiology.

An MRI, performed in September 2021 as part of routine follow-up, confirmed chronic calcifying pancreatitis, a pancreatic cyst and liquid portal thrombosis due to a cysto-pancreatic fistula (Figure 1B, 1C).

The patient also reported the recent onset of pruritic cutaneous erythematous plaques, some of which had a necrotic appearance (Figure 2A, 2B). This was suggestive of pancreatic panniculitis. Anicteric cholestasis was found (AST 23 IU/L, ALT 15 IU/L GGT 99 IU/L, AlcPh 126 IU/L, TBil 5 μ mol/L).

A puncture-aspiration of the false cyst and of the portal thrombosis was performed. Lipase was >15,000 U/L inside the portal trunk, confirming liquid thrombosis caused by pancreatic fluid.

Clinical disappearance of pruritus and skin lesions occurred a few days after the procedure. The cholestasis also decreased.

Up to now, only one similar case report of pancreatic panniculitis, pancreatic-portal fistula and liquid portal thrombosis has been published [1].

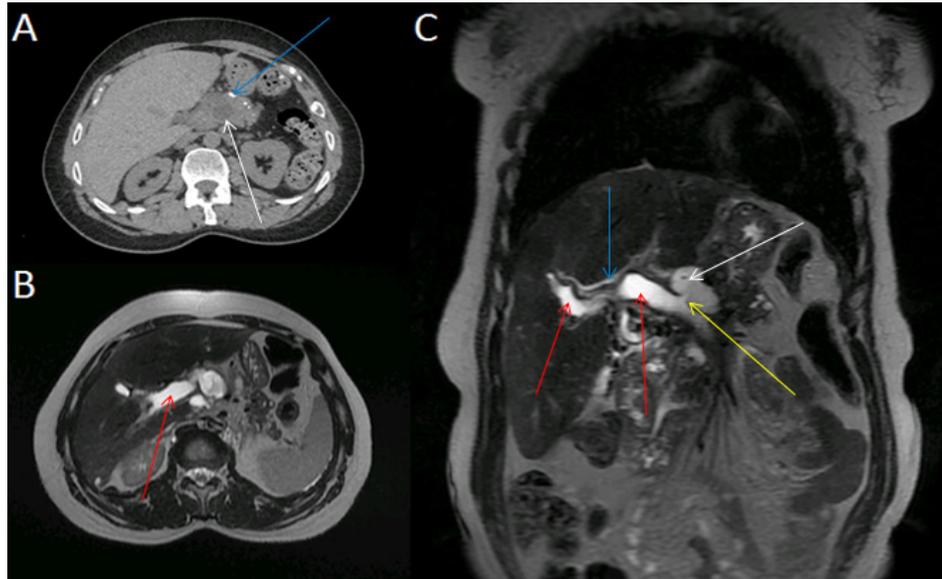


Figure 1: (A), a non-injected abdominal CT scan showing pancreatic cyst (white arrow) and pancreatic calcifications (blue arrow); (B), T2 MRI showing fluid portal thrombosis (red arrow) C, T2 MRI showing a pancreatic false cyst (white arrow), cysto-portal fistula (yellow arrow), and fluid portal thrombosis (red arrows). To the non-expert eye, liquid portal thrombosis could mimic obstructive bile duct dilatation. However, the intrahepatic bile ducts were normal (blue arrow).



Figure 2: Skin patches on the legs, one of which had a necrotic appearance (A) and on the left ankle, also necrotic (B). All lesions totally disappeared a few days after puncture-aspiration of the false cyst and of the liquid portal thrombosis.

References

1. Dauendorffer JN, Ingen-Housz-Oro S, Levy P et al. Pancreatic panniculitis revealing a pancreatic portal fistula and portal thrombosis. *Ann Dermatol Venereol.* 2007; 134: 249-52.

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