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# Intrapancereatic abscess due to arteriovenous malformation involving the entire pancreas: A case report and review of the literature

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## ABSTRACT

**INTRODUCTION:** The described case is a patient with pancreatic arteriovenous malformation involving the entire pancreas and complicated with intrapancereatic abscess.

**PRESENTATION OF CASE:** A 47 years-old was suffering from episodes of abdominal pain and vomiting with multiple hospital visits without reaching a diagnosis for four months. Contrast-enhanced computed tomography scan (CECT) done which shows a  $1.6 \times 1.4$  cm fluid collection was seen in uncinete process of the pancreas, Magnetic resonance imaging (MRI) demonstrates abnormal vasculature involving the pancreas. Therefore patient diagnosed as a case of pancreatic arteriovenous malformation (P-AVM), which confirmed by Selective Computed Tomography Angiogram (CT Angiogram).

**DISCUSSION:** Normal investigations in the first attempts can lead to miss pancreatic arteriovenous malformation (P-AVM), and can lead to serious and fatal.

**CONCLUSION:** Early diagnosis and treatment of (P-AVM) is very important even in asymptomatic patients. Conservative treatment in complicated and big P-AVM appears ineffective as surgical resection.

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## 1. Introduction

Pancreatic arteriovenous malformation (P-AVM) is an extremely rare entity, even more rare to involve whole parts of the pancreas [1]. Although the diagnosis of P-AVM is easy after imaging modalities development, it can be missed in asymptomatic patient and lead to fatal complications [2]. There are several articles report a successful treatment with transcatheter arterial embolization (TAE), and radiotherapy, but surgical resection appears to be the only curative treatment [3]. The reported case is a patient complains abdominal pain and vomiting, successfully diagnosed and treated for complicated pancreatic arteriovenous malformation (P-AVM).

The work has been reported in line with the SCARE criteria [4].

## 2. Case report

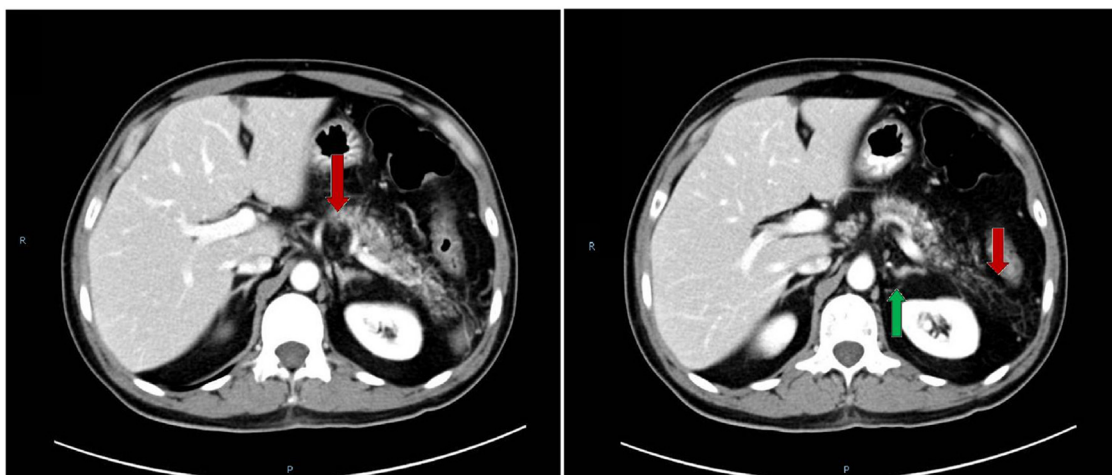
A 47 years-old male presented to emergency department complains intermittent, progressive epigastric abdominal pain associated with vomiting for the last four months. He has a history of multiple hospital visits which endevery time with normal laboratory and radiological work up. In our hospital, his abdomen was soft and lax, there was moderate epigastric tenderness. Laboratory work including pancreatic enzymes was unremarkable. The

patient admitted under general surgery as a case of abdominal pain for investigation. Contrast-enhanced computed tomography scan (CECT) done which shows a  $1.6 \times 1.4$  cm fluid collection was seen in uncinete process of the pancreas (Fig. 1A) which was not found in a previous CT done by other hospital three weeks before. Also, there was hypervascularity around tail of the pancreas with a draining veins noticed to joint portal vein confluence (Fig. 1B). A course of Tienam 1 g and metronidazole 500 mg every 8 h was established. After three days, magnetic resonance imaging (MRI) done which demonstrates the previously mentioned collection as lobulated mass measuring  $1.8 \times 1.6$  cm with air pocket at the center (Fig. 2A). There were abnormal and extensive arterial and venous vasculature within and surrounding the pancreas were seen with several draining veins to the portal venous system (Fig. 2B). The vasculature cannot be explained as simple collaterals, therefore patient diagnosed as a case of pancreatic arteriovenous malformation (P-AVM). Selective Computed Tomography Angiogram (CT Angiogram) done to confirm the diagnosis which demonstrates enhancement of portal venous system during arterial face, and bazar vasculature as P-AVM involving the entire pancreas (Fig. 3). After ten days, a follow up MRI done to follow the mass. The study shows interval increase in size measuring  $2.4 \times 2.3$  cm with multiple gas pockets in the mass center (Fig. 4). Decision was made to take the patient for surgical resection. Intraoperative the pancreas was hard, there were dilated and tortuous abnormal vessels within and around the pancreas which extending to splenic hilum. The mass was palpable at uncinete process of the pancreas and apart from surrounding structures. Patient undergone to total pancreatectomy with splenectomy.

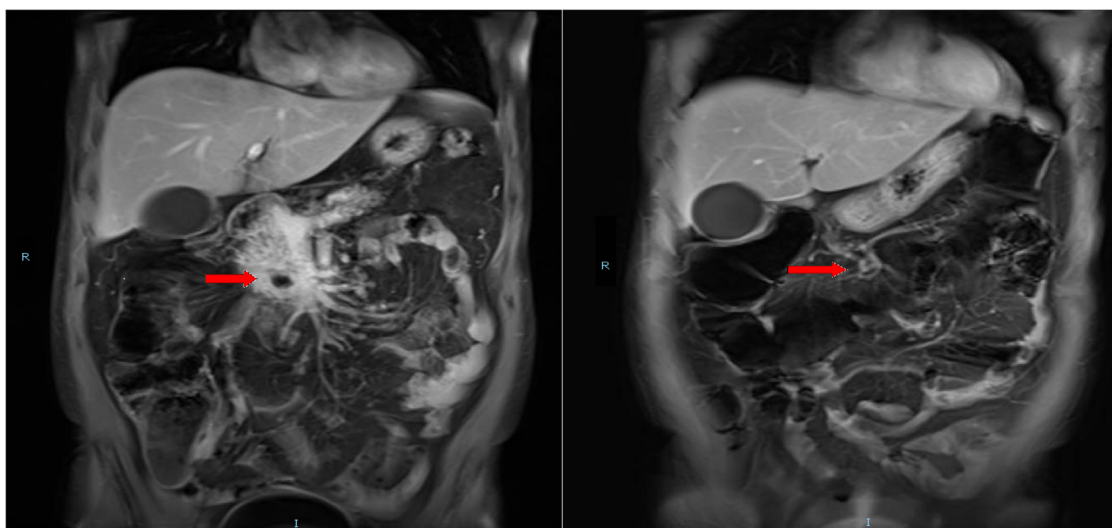
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<https://doi.org/10.1016/j.ijscr.2018.03.026>

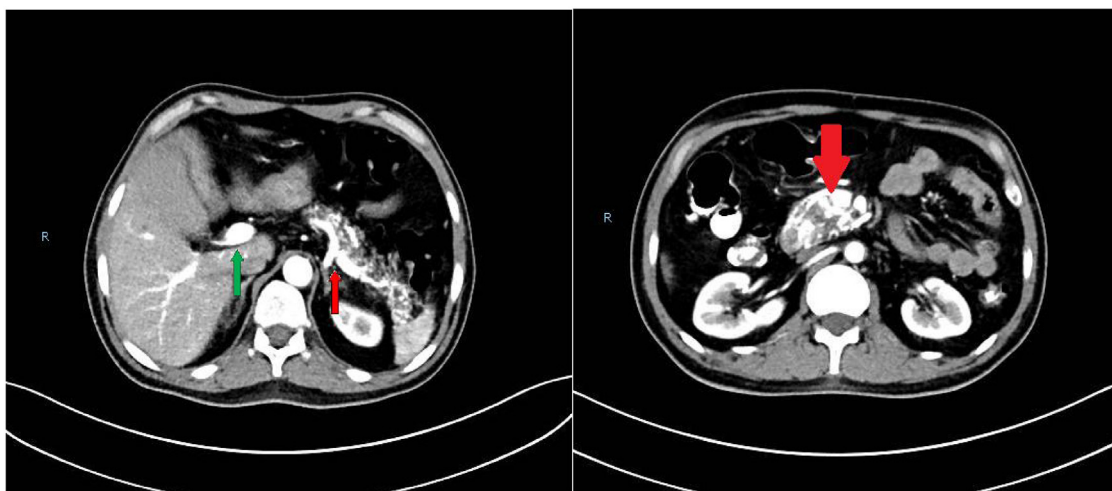
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**Fig. 1.** A (left): Contrast-enhanced computed tomography scan (CECT) shows a 1.6 × 1.4 cm fluid collection located at the uncinate process of the pancreas (red arrow). B (right): Contrast-enhanced computed tomography scan (CECT) hypervascularity around tail of the pancreas (red arrow) and a draining vein joint portal vein confluence (green arrow).



**Fig. 2.** A (left): Magnetic resonance imaging (MRI) demonstrates a lobulated mass measuring 1.8 × 1.6 cm with gas pocket at the center (red arrow). B (right): Magnetic resonance imaging (MRI) demonstrates an abnormal vasculature involving entire pancreas, as well as the nidus of AVM can be seen (red arrow).



**Fig. 3.** Computed Tomography Angiogram (CT Angiogram) demonstrates enhancement of portal venous system during arterial face (green arrow), and bazaar vasculature as P-AVM involving the entire pancreas; head, body, and tail (red arrows).

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