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MULTIPLE PANCREATICOCOLONIC FISTULAS INVOLVING THE TRANSVERSE AND DESCENDING COLON WITH MULTIPLE WALLED-OFF PANCREATIC NECROSES: REPORTING OF A COMPLEX CASE TREATED SURGICALLY

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Context: Pancreaticocolonic fistula is a rare and potentially critical complication of necrotizing pancreatitis. We report a complex case of multiple pancreaticocolonic fistulas that was successfully treated with extended left hemi colectomy.

Case Report: A 43 years old male patient, presented in our emergency department with epigastric pain, vomiting, diarrhea and weight loss for 4 weeks duration, with past history of acute gall stone pancreatitis 10 weeks earlier. Contrast enhanced CT abdomen showed multiple walled-off pancreatic necrosis in the peripancreatic, right paracolic and left paracolic regions up to left inguinal region with extensive pneumoretroperitoneum. The periduodenal collection caused duodenal compression. Laparotomy done for pancreatic necrosectomy, relieving the duodenal compression, and drainage of all collections. We noticed multiple pancreaticocolonic fistulas, 5 in numbers, between the transverse and descending colon and their neighbouring collections, extended left hemicolectomy done. Multiple abdominal drains had been put for continuous postoperative irrigation. The patient was discharged home but after 3 months of a hectic post-operative course. To the best of our knowledge, this is the first case to be reported in the literature with multiple walled-off pancreatic necroses associated with multiple pancreaticocolonic fistulas (5 in numbers) in both transverse and descending colon.

Conclusion: Necrotizing pancreatitis is a devastating disease, the presence of pneumoretroperitoneum does not essentially only point to infected necrosis, but the possibility of pancreaticocolonic fistula should always be kept in mind and searched for.

Biography

Khaled Elshaar, MBBCH, MS, MD, MRCS Eng, is a Egyptian Consultant for General and Colo-rectal surgery with special interests in Laparoscopic and Trauma Surgery. He has graduated in 1995 from the Faculty of Medicine, Alexandria University, Egypt. His Magister, MS, and Doctorate MD, were in the field of Colo-rectal Surgery. He has worked for few years in the Alexandria University Teaching Hospitals, Egypt, later moved to Saudi Arabia, where he is working as a Consultant Surgeon in King Fahd Central Hospital Jazan, since 2004 till date. He is a Member of EAES and Egyptian society of colorectal surgery as well as an Editorial Board Member in scientific Journals. He had published his researches in the field of GIT surgery, and currently, working on rare cases reports to be published.

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