

Necrotic Hemorrhagic Pancreatitis in COVID 19 Patient: a Case Report

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Background: Approximately 10% of COVID 19 positive patients present with only gastrointestinal symptoms. Acute pancreatitis may be a consequence of direct damage by the virus because pancreatic acinar cells contain angiotensin-converting enzyme 2 receptor proteins

Case History: 65-year-old presented with abdominal pain and fever. He has lymphopenia, elevated pancreatic enzymes and elevated C reactive protein in the absence of respiratory signs and symptoms. Positive for SARSCOV2 molecular swab. After a week, it has been observed higher levels of interleukin 6 with evolution in necrotic hemorrhagic pancreatitis with sac-like fluid collections that compresses the superior mesenteric vein and marked suffering of all the jejunoileal loops. He undergoes positive surgical drainage for *Acinetobacter baumannii*. The patient presented severe pneumonia with the need for non-invasive ventilatory support and followed by acute worsening renal failure with dialysis urgency leading to the patient's death.

Discussion: this infectious picture started with acute non-obstructive pancreatitis, which then became complicated with pneumonia and a multiorgan failure probably due to the cytokine storm, common mechanism in pancreatitis of any origin. It is very suggestive to think of a direct cytotoxic action of the virus,

but more studies are needed to demonstrate a direct SARSCOV2 pathophysiological mechanism.



References

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