



## **Sepsis in a patient with main duct IPMN with malignant evolution.**

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### **Introduction:**

Patients with IPMN may present in different ways: asymptomatic, or with recurrent pancreatitis or pain.

### **Summary:**

An old man presented with diarrhoea, weight loss, and abdominal pain.

Laboratory tests were normal except of the glycaemia.

About 13 years before he performed a transabdominal ultrasound and a CT for abdominal discomfort that showed a 9 mm dilation of the main pancreatic duct (MPD) with a cyst of the body. At that time chronic pancreatitis was the diagnosis.

After the recent gastroenterological visit an MRI confirmed a cystic dilation of the MPD compatible with malignant IPMN.

Being the patient old and with important vascular comorbidity, the physicians decided to wait and see.

After one year he came with abdominal pain and a sepsis sustained by *Clostridium* species and *E. coli*. The CT showed an increased pancreatic fluid collection with air inside and occlusion of the splenic vessels.

The EUS showed a 4 cm-dilation of the MPD with vegetations and infiltration of the vessels and a fistula between the pancreas and the gastric and duodenal wall.

A catheter was inserted into the orifice of the fistula and reached the MPD. EUS-FNA confirmed malignancy.

Due to the persistent sepsis the patient underwent surgery: distal pancreatectomy, splenectomy, and partial resection of the gastric fundus and the splenic colonic flexure were performed. He was discharged after 3 weeks.

### **Conclusions:**

IPMN may present with a variety of symptoms: sepsis in a patient with a pancreatic fistula is a severe presentation of malignant evolution.