

Image of the Month

Gastric Retention due to a Duodenal Obstruction Secondary to Chronic Pancreatitis[☆]

Estómago de retención por estenosis duodenal secundaria a pancreatitis crónica

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Fig. 1

The patient was a 61-year-old male with a history of chronic pancreatitis. He complained of epigastric discomfort that had been developing over 3 days, accompanied by pyrosis, nausea/vomiting and normal intestinal transit.

Examination revealed: mild cachexia, distended and tympanic abdomen that was not painful, with increased peristalsis. On emergency abdominal CT scan, we observed important gastric dilation up to the pyloroduodenal junction with collapsed duodenum. The pancreas exhibited calcifications associated with dilation of intra-extrahepatic bile duct, and the duct of Wirsung (Fig. 1).

Gastroscopy confirmed complete, impassable duodenal stenosis with inflammation. During surgery, we discovered an inflammatory process with a mass effect in the head of the pancreas that encompassed the duodenum. Biopsy confirmed absence of malignancy, and a biliodigestive double bypass was performed.

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