Question 10 – October 9

A 52 year old female with a history of acute pancreatitis presented with abdominal pain, nausea, vomiting. On examination, she was afebrile with a firm, distended abdomen. Labs revealed normal WBC. Serum Lipase is found to be greater than 1000. CT abdomen: pancreatic stranding with ascites is shown. A paracentesis was performed, acidic fluid amylase >4000. What is the definitive next step in management?

A. Antibiotics
B. Surgical consult
C. MRCP
D. ERCP

Answer: D

Diagnosis of a pancreatic duct leak can be made with high quality imaging or ERCP. High-quality cross-sectional imaging in the form of abdominal ultrasound, pancreatic protocol computed tomography (CT), secretin-enhanced magnetic resonance cholangiopancreatography (S-MRCP), and endoscopic ultrasound have gradually left ERCP with primarily a therapeutic role in this setting. Unfortunately, there has recently been a worldwide shortage of secretin, making this adjunct to MRCP often unavailable.
ERCP has the additional benefit of being a therapeutic modality at time of diagnosis by permitting placement of a PD stent.

Reference
Larsen, M. and Kozarek, R. (2014), Management of pancreatic ductal leaks and fistulae. J Gastroenterol Hepatol, 29: 1360–1370. doi:10.1111/jgh.12574