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Chronic Alcoholic Pancreatitis

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A 54-year-old man presented to the outpatient clinic with a 5-year history of abdominal pain and weight loss. Except for alcohol abuse, he had no documented medical history. Physical examination revealed normal vital signs and mild left upper quadrant abdominal tenderness with normal bowel sounds.Laboratory test revealed anormal serum amylase level. Contrast-enhanced computed tomography of the abdomen revealedheavy calcifications of pancreatic head (Figure 1A). Endoscopic ultrasound scan showeda severely dilated pancreatic duct in the head of pancreas (Figure 1B). Considering the ill-defined morphological changes of pancreas in this patient, Three-dimensional magnetic resonance cholangiopancreatography (MRCP) confirmed a minimally dilated biliary tree, pseudocysts of the pancreatic head, and severely dilated irregular main pancreatic duct with calculus in the atrophic pancreas (Figure 2A). The diagnosis of chronic pancreatitis (CP) depended on the typically characteristic endoscopic and MRCP manifestations and was confirmed by pathological examination. CP is considered to be a progressive fibroinflammatory disease often with dilated irregular pancreatic duct and intraductal calculi [1-3]. Alcohol abuse, smoking, and genetic predisposition are the potential risk factors for CP [4-6]. Treatment options include medical, radiological, endoscopic and surgical interventions, and a multidisciplinary approach is necessary [7-9]. After a well-informed discussion of options for interventions with the patient's family, the decision was made not to pursue pancreatic sphincterotomy and stent placement. He was charged home with clinical symptomatic relief.



Figure 1: Chronic alcoholic pancreatitis. **(A)** Contrast-enhanced CT showing heavy calcifications in the pancreatic head (arrow); **(B)** Endoscopic ultrasound scan shows a severely dilated pancreatic duct in the head of pancreas (arrowed) consistent with severe chronic pancreatitis.

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Figure 2: Chronic alcoholic pancreatitis. **(A)** Three-dimensional magnetic resonance cholangiopancreatogram shows a minimally dilated biliary tree and severely dilated irregular main pancreatic duct.

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or

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