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## Image Article

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### Pancreato-Gastric Fistula with Bleeding Following Acute Pancreatitis

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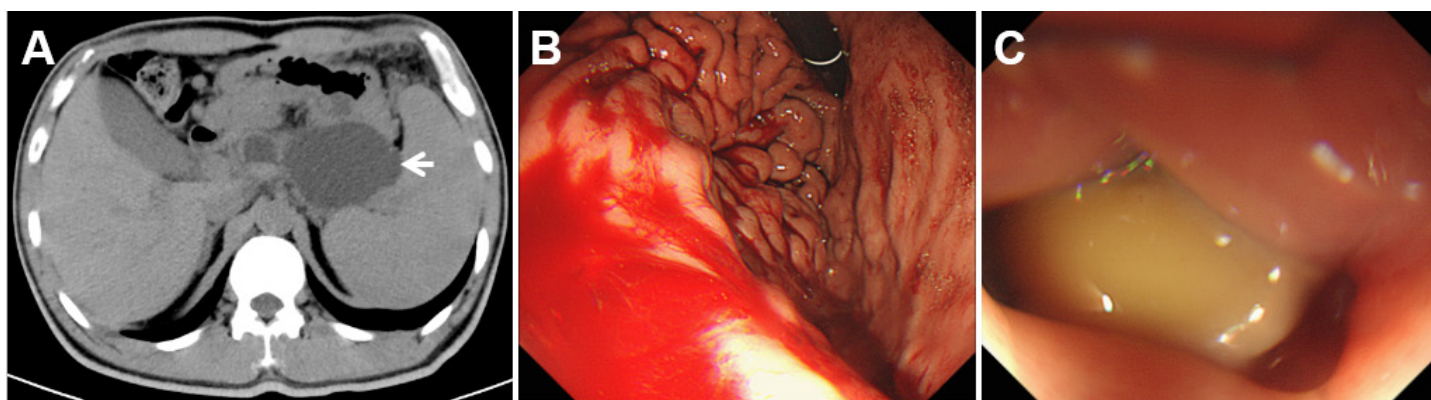
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A 43-year-old man presented to the emergency department with a 1-day history of melena. Three months before presentation, he had presented to the local community hospital with abdominal pain and received a diagnosis of severe acute pancreatitis. Physical examination revealed normal vital signs and mild epigastric tenderness with normal bowel sounds. His temperature was 36.6°C, the pulse 69 beats per minute, and his blood pressure 116/75 mm Hg. Laboratory studies showed a hemoglobin level of 10.4 g per deciliter (normal range, 11.5 to 15.5). Computed tomography of the abdomen confirmed pancreatic pseudocyst (Figure A). Considering the ill-defined melena in this patient, gastroscopy was initially assessed and confirmed pancreato-gastric fistula with gastrorrhagia, as well as none bleeding gastric varices which were consistent with left-sided portal hypertension (Figure B, C). A diagnosis of pancreato-gastric fistula was made. Pancreatic pseudocyst formation is seen in the minority of patients with acute pancreatitis. Walled-off pancreatic necrosis may follow the development of a pseudocyst. Fistulization and spontaneous perforation occur in very few of pseudocysts. Of the rare cases of fistula formation, pancreato-gastric fistulas are the rarest [1]. Understanding the clinical features of pancreato-gastric fistulas and how to manage them is necessary for gastroenterologists. After a well-informed discussion of options for interventions with the patient, the decision was made to pursue a 2-month course of proton pump inhibitor and gastric mucosa protective agent treatment. After the procedure, he had repeated endoscopy revealing the pancreato-gastric fistula healed and scars left but with persistent gastric varices.



**Figure 1:** Pancreato-gastric fistula with bleeding following acute pancreatitis. (A) Axial CT image of pancreatic pseudocyst (arrow); (B) gastroscopy revealed pancreato-gastric fistula with gastrorrhagia, as well as gastric varices; (C) pancreato-gastric fistula containing chyme detected by gastroscopy

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integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this “Images in Clinical Medicine”.

## Reference

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