A 59-year-old man with alcohol-induced pancreatitis was referred due to dilated pancreatic duct and pancreatic mass. He had presented 9 years earlier with gastrointestinal bleeding secondary to hemosuccus pancreaticus, which was treated by interventional radiology-guided coil and glue application to the superior pancreatico-duodenal artery pseudoaneurysm. He had complained of postprandial upper abdominal pain and a 10-lb weight loss, and had experienced recurrent acute pancreatitis in the preceding 4 months. Contrast-enhanced computed tomography showed dilated pancreatic duct and multiple coils around the head of the pancreas, and extensive shadowing artifact precluded further evaluation. Endoscopic ultrasound revealed a dilated main pancreatic duct with intraductal filling and a 25 × 16 mm hypoechoic lesion in the head of the pancreas near the coils (▶ Fig. 1). Cytology showed epithelioid cells with abundant debris and no evidence of malignancy. Endoscopic retrograde cholangiopancreatography was performed. After biliary sphincterotomy, the pancreatic orifice was cannulated with a 3.9-Fr sphincterotome and 0.025-inch angled tip guidewire. A diffuse dilated pancreatic duct and large filling defect was seen on pancreatogram (▶ Fig. 2). Spyglass DS (Boston Scientific, Marlborough, Massachusetts, USA) was passed over the guidewire and multiple large white stones were revealed (▶ Fig. 3). The stones were fragmented using electrohydraulic lithotripsy. Multiple eroded coils were also seen in the proximal duct, from prior embolization (▶ Fig. 4). The coils were removed with SpyBite (Boston Scientific) and rat-tooth forceps (▶ Video 1). Two 7 Fr × 12 cm single-pigtail plastic stents were deployed to maintain duct patency.

The patient tolerated the procedure well and was seen 1 month later, with marked improvement of symptoms and plan to follow up in 3 months. Coils from prior embolization that have eroded into the gastrointestinal lumen and then either passed spontaneously or been removed endoscopically have been reported [1, 2]. To our knowledge, this is the first report of effective endoscopic management of recurrent pancreatitis caused by coils and glue expelled into the pancreatic duct.

Competing interests

The authors declare that they have no conflict of interest.
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References


Bibliography

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Video 1 Diagnosis and management of chronic relapsing pancreatitis due to eroded embolization coils.