Pancreatic rupture during childbirth treated successfully by endoscopic drainage

A 22-year-old woman was referred to our hospital for intensifying epigastric pain, 3 days after giving birth. The last stage of labor had been assisted by manual compression of the uterus, during which the patient had a painful, tearing sensation in the upper abdomen. Initial laboratory findings were as follows: hemoglobin 91 g/L, white blood cell count 21500/µL, and amylase 567 IU/L. Abdominal computed tomography (CT) revealed near-total rupture of the pancreas (\( \text{Fig. 1} \)).

The patient underwent endoscopic retrograde cholangiopancreatography, and a leak from the main duct of pancreas was noted (\( \text{Fig. 2} \)). The distal portion of the pancreatic duct and the rupture site were dilated using a 4 mm/4 cm balloon, followed by placement of a 12 cm/5Fr stent (\( \text{Fig. 3} \)). Subsequently, an ultrasound-guided drain was inserted into the upper abdomen. The patient was kept on parenteral nutrition and somatostatin therapy for 7 days. Due to presence of pleural effusion a drain was introduced into the left pleural cavity. The patient developed paralytic ileus, which was treated conservatively. At 2 days following stent placement, a follow-up abdominal CT revealed no complications (\( \text{Fig. 4} \)). The patient was discharged 12 days after admission. No complications were evident on abdominal magnetic resonance imaging at 2 months and the stent was removed after 3 months. At 6 months, secretin-stimulated magnetic resonance cholangiopancreatography revealed no pathology (\( \text{Fig. 5} \)) and the patient had fully recovered.

The most important factor determining the outcome of pancreatic injuries is ductal integrity [1, 2]. Distal lacerations with ductal involvement, grade III according to the pancreas Organ Injury Scale [3], are traditionally treated with resection [4]. In the present patient, the diagnosis was made after 3 days. Delay is associated with increased morbidity and complication rate. However, external drainage, pancreatic stenting, and otherwise conservative treatment led to complete recovery in the present case.
Competing interests: None

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Fig. 4 Follow-up computed tomography (CT) image 2 days after the placement of the stent.

Fig. 5 Magnetic resonance cholangiopancreatography showing no ductal abnormalities or fluid collections.