Acute pancreatitis induced by vegetable fibers is a rare entity [1–5]. We report an unusual case of acute pancreatitis caused by a foreign body which had migrated into the main pancreatic duct. A 38-year-old woman was referred to our unit with recurrent acute pancreatitis. Serum amylase (286 U/L) and lipase (721 U/L) were elevated, and she complained of severe abdominal pain radiating to her back. The patient denied recent use of alcohol or drugs and also denied previous pancreatic or hepato-biliary disease, and surgical operations. Abdominal ultrasound and contrast-enhanced computed tomography (CT) showed a dilation of both the common bile duct and pancreatic duct. Magnetic resonance cholangiopancreatography (MRCP) showed a 3-mm calcification in the pancreatic duct; the duct was slightly dilated. Endoscopic ultrasound (EUS) identified a 6-cm hyperechoic “tubular structure” in the pancreatic duct, with multiple irregular spots and a leaf-like ending, perfectly fitting the duct, up to the pancreatic isthmus (Fig. 1), and protruding out of the papilla into the duodenal lumen (Fig. 2). The “tubular structure” was removed endoscopically using a biopsy forceps (Fig. 3). Macroscopic examination showed that the foreign body was in fact a vegetable ear (Fig. 4). The patient was discharged after 2 days following rapid normalization of serum pancreatic enzymes. At 3-month follow-up, the patient was totally asymptomatic. In this case, EUS proved to be a valuable tool in detecting a pancreatic foreign body, while other imaging techniques (abdominal ultrasound, CT, MRCP) were inconclusive or misleading.

Competing interests: None

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Acute pancreatitis induced by ingested foreign bodies is a rare entity [1–5]. We report an unusual case of acute pancreatitis caused by a foreign body which had migrated into the main pancreatic duct. A 38-year-old woman was referred to our unit with recurrent acute pancreatitis. Serum amylase (286 U/L) and lipase (721 U/L) were elevated, and she complained of severe abdominal pain radiating to her back. The patient denied recent use of alcohol or drugs and also denied previous pancreatic or hepato-biliary disease, and surgical operations. Abdominal ultrasound and contrast-enhanced computed tomography (CT) showed a dilation of both the common bile duct and pancreatic duct. Magnetic resonance cholangiopancreatography (MRCP) showed a 3-mm calcification in the pancreatic duct; the duct was slightly dilated. Endoscopic ultrasound (EUS) identified a 6-cm hyperechoic “tubular structure” in the pancreatic duct, with multiple irregular spots and a leaf-like ending, perfectly fitting the duct, up to the pancreatic isthmus (Fig. 1), and protruding out of the papilla into the duodenal lumen (Fig. 2). The “tubular structure” was removed endoscopically using a biopsy forceps (Fig. 3). Macroscopic examination showed that the foreign body was in fact a vegetable ear (Fig. 4). The patient was discharged after 2 days following rapid normalization of serum pancreatic enzymes. At 3-month follow-up, the patient was totally asymptomatic. In this case, EUS proved to be a valuable tool in detecting a pancreatic foreign body, while other imaging techniques (abdominal ultrasound, CT, MRCP) were inconclusive or misleading.

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