An unusual retroperitoneal lesion causing recurrent acute pancreatitis

A 71-year-old man presented with postprandial upper abdominal pain. He had not drunk any alcohol. Nevertheless, he had experienced four episodes of acute pancreatitis of unknown etiology in the last 2 months. His serum amylase (3135 U/L) and lipase (8472 U/L) were elevated, and subsequent computed tomography showed acute pancreatitis and an encapsulated mass of fatty density around the duodenum (Fig. 1). The mass was depicted more clearly by magnetic resonance (MR) imaging and appeared as a well-demarcated, homogeneous, hyperintense lesion on T1-weighted images (Fig. 2). Endoscopy and gas-

troduodenography demonstrated duodenal narrowing in the third portion due to extrinsic compression (Fig. 3 and Fig. 4). MR cholangiopancreatography, endoscopic ultrasound, and endoscopic retrograde cholangiopancreatography revealed no definite cause of the acute pancreatitis; there was no evidence of cholecystolithiasis, pancreatic tumor, or pancreaticobiliary malformation. The imaging findings suggested that the third portion of the duodenum was being compressed by a retroperitoneal lipoma. Thus, the cause of the recurrent acute pancreatitis was presumed to be a transient increase in duodenal pressure.

The retroperitoneal mass was resected surgically, and the entire specimen showed features consistent with a retroperitoneal lipoma. No pancreatitis has been observed for 20 months.

Recurrent acute pancreatitis results most frequently from alcohol, followed by gallstones [1]. Increased duodenal pressure, which occurs as a result of superior mesenteric artery syndrome or afferent loop syndrome, can also be a cause of recurrent acute pancreatitis [2,3]. Retroperitoneal lipoma is a rare condition that presents as a large mass causing abdominal swelling or symptoms due to the obstruction of adjacent organs [4]. MR imaging is the modality of choice for imaging lipoma; it is depicted as a discrete, encapsulated, homogeneous fatty mass [5]. To the best of our knowledge, no similar case has been reported in the literature.

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Competing interests: None

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References

Fig. 1 Abdominal computed tomographic scan shows an encapsulated mass of fatty density (arrow) compressing the third portion of the duodenum (arrowheads) in a 71-year-old man presenting with postprandial upper abdominal pain.

Fig. 2 Axial T1-weighted magnetic resonance image shows a well-demarcated, hyperintense mass (arrow).

Fig. 3 Endoscopic view of the third portion of the duodenum with luminal narrowing.

Fig. 4 Gastroduodenography shows duodenal narrowing in the third portion (arrowheads).
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Bibliography
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