Ascending pneumonia complicating endoscopic therapy of a pancreatic abscess

A 71-year-old man with multiorgan failure caused by necrotizing pancreatitis was discharged from the intensive care unit after a 6-week stay. Two weeks later he developed a spiking fever, abdominal tenderness, and an abdominal mass. Computed tomography revealed a large pancreatic abscess that was compressing the duodenum and gastric wall (Fig. 1). Because of the interposition of bowel, transcutaneous drainage was risky and an endoscopic approach was chosen. After transmural duodenocystic puncture and dilation, a 7-Fr double-pigtail stent and a nasocystic tube were inserted (Fig. 2). Two days after the cystogastrostomy the patient developed dyspnea and hypoxia, became drowsy, and had to be intubated and mechanically ventilated. Chest radiography revealed patchy infiltrates in the lower lobe of the right lung.

The causal relationship linking a nosocomial pneumonia with an endoscopic procedure performed several days before can be difficult to confirm. In this case, however, the microbiological results for the cystic aspirate and the bronchoalveolar lavage effluent were identical, and the close temporal relationship between the endoscopic intervention and the pneumonia suggests that the pneumonia must be regarded as a complication of that intervention.

References

Bibliography
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