

Eosinophilic Pancreatitis Complicated by Pancreatic Ascites and Walled Off Necrosis

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Case

A 18-years-old male was admitted with severe epigastric pain with abdominal distension since 8 weeks. His evaluation showed leukocytosis (17,600 cells/mm³) and peripheral eosinophilia (44%) with high absolute eosinophilic count (1800 cells/mm³) and raised Serum amylase (532 U/L) and lipase (357 U/L) levels (more than 3 times of upper limit of normal). His serum Immunoglobulin E levels were normal (28 IU/mL). Stool examination for parasitic infections was negative. CT abdomen showed acute necrotizing pancreatitis with large walled off necrosis (WON) (9.6 x 5.5 cms) and ascites (A). Ascitic fluid analysis evaluation showed high total count (800 cells/mm³) with eosinophilic predominance (80%) and raised fluid amylase levels (1331 U/L) (B). Per-cutaneous drain was placed for pancreatic ascites. He underwent endoscopic ultrasound guided drainage of walled of necrosis with metal stent. WON fluid amylase levels were elevated (49,500 U/l) but cytology showed no significant increase in eosinophils. Biopsy from D2 showed changes of eosinophilic gastroenteritis (C). Biopsy was taken from WON wall which showed increase in number of eosinophil's (D). He was treated with oral prednisolone (40 mg/day) post drainage. With steroids he recovered well and is on regular follow up for 3 months without any complications or recurrent symptoms.

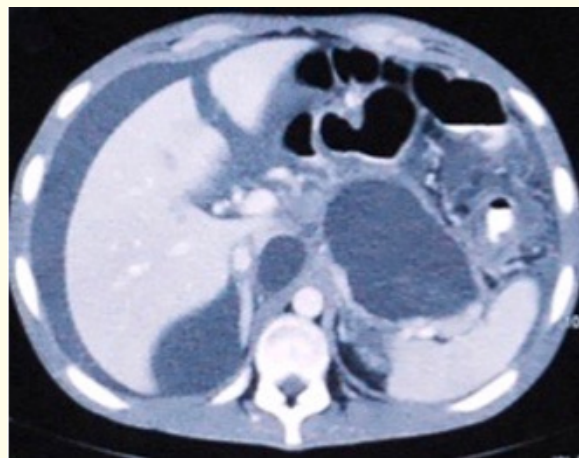


Figure A: Contrast enhanced computed tomography showing walled off necrosis with subcapsular hepatic collection and ascites.

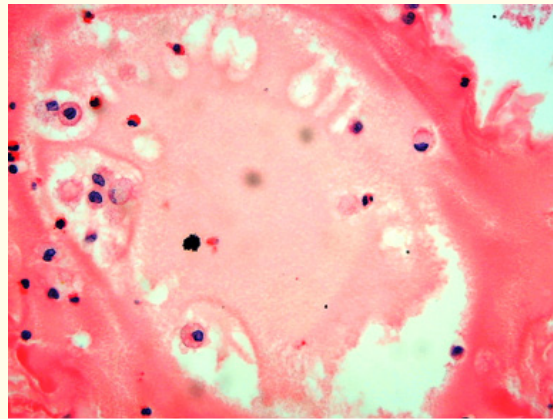


Figure B: Ascitic fluid analysis showing eosinophils mixed with cyst macrophages.

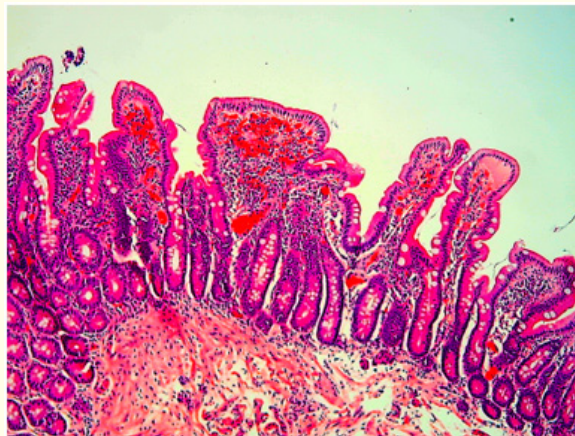


Figure C: Duodenal biopsy showing dense eosinophilic infiltration into the lamina propria.

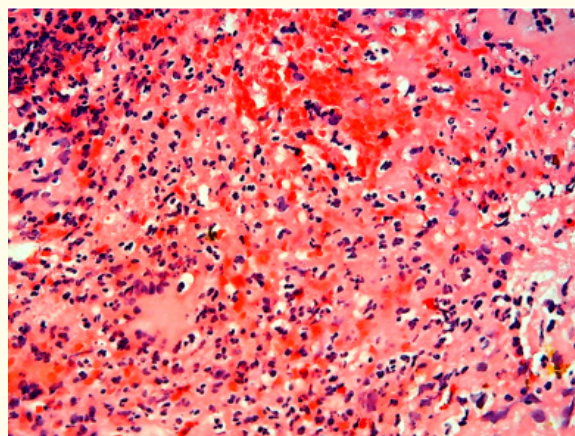


Figure D: Biopsy from walled off necrosis showing dense infiltration by eosinophils.

Conflict of Interest

None.

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