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Make Your Diagnosis

A Hypotensive Man with Epigastralgia

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Patient Presentation

A 40-year-old man presented to our emergency department (ED) with epigastric pain and general weakness. He had history of diabetes with regular medication control for ten years. Body temperature was taken as 37.9 °C. He was tachycardiac (heart rate: 130 per minute) and hypotensive (78/39 mmHg). On physical examination, the abdomen showed soft but tenderness over the epigastric area. Blood tests revealed marked leukocytosis (17,900/micro-litter, band 10%, and 86% segment), glucose: 417 mg/dL; creatinine: 3 mg/dL; C-reactive protein: 30 mg/dL and Lipase 591 U/L. The plain abdomen (Fig. 1) showed mottled air density over the left upper quadrant (LUQ). By the silhouette sign, the mottled air does not merge with edge of gastric air and not in segmented appearance shown by partition of colonic haustration, and emphysematous pancreatitis (EP) was highly suspected. The computed tomography (CT) of abdomen (Fig. 2) revealed swollen of the pancreas with diffuse peri-pancreatic air density in the pancreatic body and tail indicating EP. Intravenous fluid administration and Moxifloxacin 400 mg were given immediately. He was admitted to intensive care unit (ICU). *Klebsiella pneumoniae* was isolated 3 days after arrival of ED and sensitive to Moxifloxacin with minimal inhibitory concentration (MIC) with 0.25. He was recovered after three times of CT-guided drainage with parenteral antibiotic treatment and he was discharged 33 days after arrival of ED with a normal renal function, creatinine: 0.8 mg/dL.

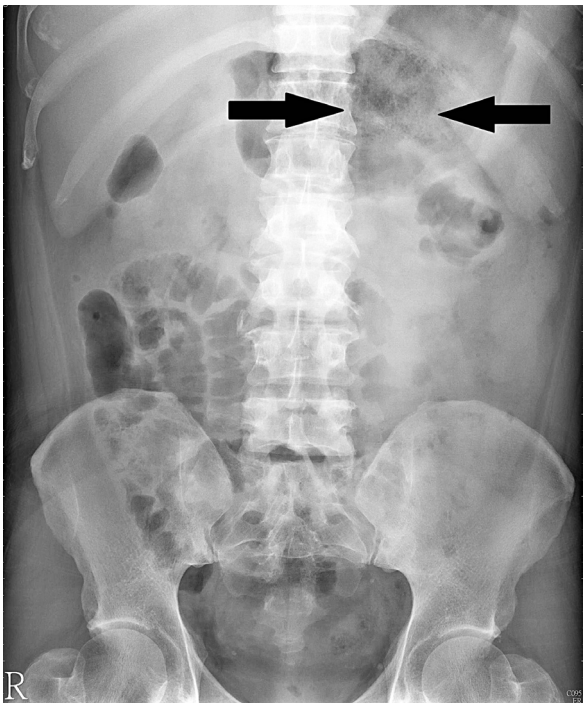

Fig. 1. The plain abdomen showed mottled air density (black arrows) over the left upper quadrant (LUQ). By the silhouette sign, the mottled air does not merge with edge of gastric air and not in segmented appearance shown by partition of colonic haustration, and emphysematous pancreatitis was highly suspected.

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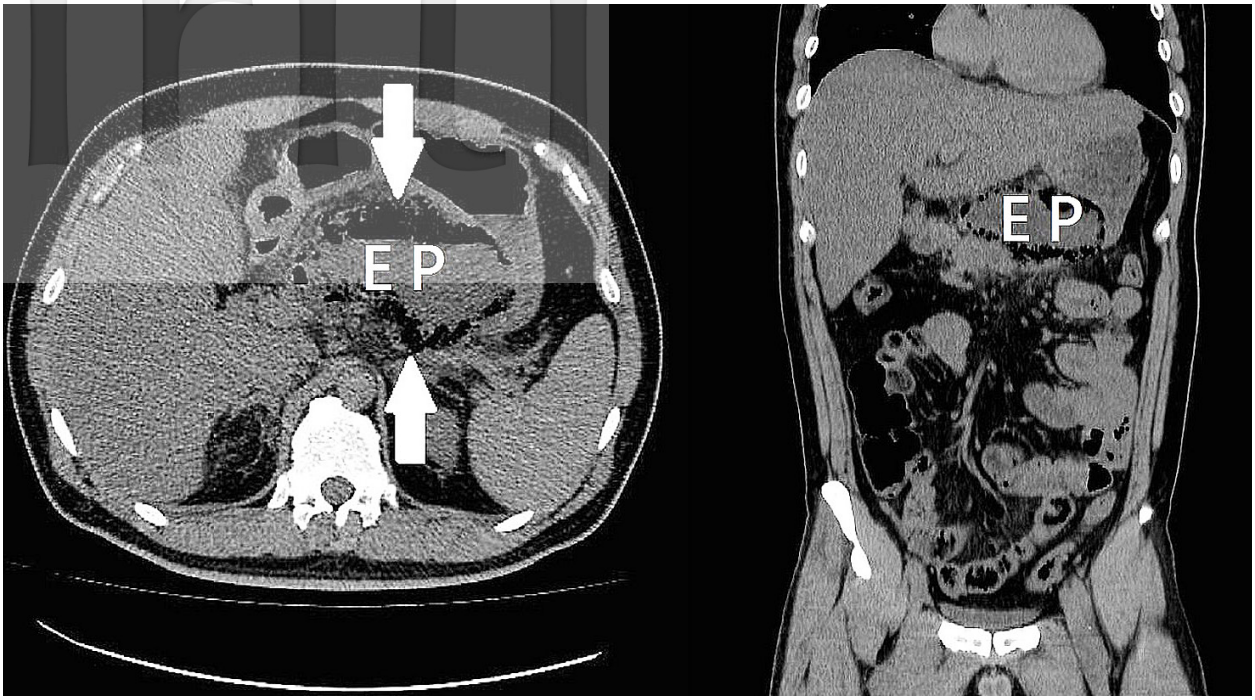

Fig. 2. The computed tomography (CT) of abdomen (horizontal transection view A, coronal view B) revealed swollen of the pancreas with diffuse peri-pancreatic air density in the pancreatic body and tail indicating emphysematous pancreatitis (EP).

Discussion

EP was first described in the year of 1959 by the Dr. Fischer and Geffen.[1] It is a subtype of severe pancreatitis and usually resulted from gas-forming microorganism infection via bloodstream, lymphatic or biliary system. *Escherichia coli, Pseudomonas aeruginosa* and *Klebsiella pneumoniae* are the most common pathogens leading to EP.[2,3] Fifty-five% of EP cases were caused by poly-microbial infections. It is more common seen in male (89%) with a mean age as 44 years old. The hospital stay is around 4.5 weeks with mortality rate as 11% nowadays.[3] In our case, adequate fluid, nutrition and aggressive drainage with parenteral antibiotic administration saved his life.

References

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