A 65 year old diabetic presented to the emergency with complaints of pain in abdomen and vomiting for one day. On clinical examination, there was diffuse tenderness of the abdomen. Investigation revealed Hb-11.3 gm/dl, TLC-15,300 (Neutrophil-81%) and random blood sugar -247 mg/dl. USG was unremarkable due to distended bowels.

CT of the abdomen with IV contrast showed swollen pancreas with fuzziness of its margins with necrosis of the head, neck and body with air surrounding the body of the pancreas and extending into the anterior pararenal space with inflammatory changes in surrounding fat, leading to diagnosis of Acute Emphysematous Necrotizing Pancreatitis. Patient was put on ceftriaxone and insulin followed by surgical debridement and drainage. The necrotic infected material was sent for culture, which grew E. coli. Imipenem was also added. After this patient improved and discharged after 12 days of stay at hospital.

Acute pancreatitis in adults is most often caused by impacted common bile duct stone or alcohol abuse. CT is the modality of choice for diagnosis of pancreatitis, grading the severity and detecting complications. Emphysematous pancreatitis is a rare but serious manifestation. The infecting organisms reach the pancreatic bed by means of the bloodstream or lymphatic channels, fistulous track or reflux of enteric organisms into the pancreatic and biliary tree. Patients of emphysematous pancreatitis are most often debilitated and immunocompromised due to underlying chronic disease. There is increased tissue glucose concentration in uncontrolled diabetes, which is used by organisms to produce carbon dioxide and hydrogen. Effective treatment requires rapid diagnosis and treatment because of high morbidity and mortality associated with this condition.1,2

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