sciendo Romanian Journal of Orthopaedic Surgery and Traumatology, Volume 3, Issue 2, July-December 2020. pp:121-122
doi:10.2478/rojost-2020-0018

Accepted: October 8th 2020

Letter to the Editor

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To the Editor

We read with great interest the article entitled "Trauma of the pancreas. A hidden disaster", which described the challenges in diagnosing and managing a pancreatic injury [**1**].

As the authors pointed out in their paper, targeted imaging of the pancreatic parenchyma and ductal system is of paramount importance in the work-up of such lesions. Advantages and drawbacks of several diagnostic tools are well described in the review, delineating their role in the management of traumatic pancreatic injury. Complementary, we discussed the role of endoscopic ultrasound (EUS) by presenting a case report of pancreatic trauma from our experience.

We report the case of a 44-year-old male, non-smoker, who denied chronic alcohol abuse and presented for abrupt onset, intense thoracic pain that extended in the back, unresponsive to analgesics. While conducting anamnesis, he mentioned recent physical abuse. Routine work-up revealed leukocytosis (15000/ mm^3), inflammatory syndrome (CRP 200 mg/ L) and an increase in amylase and lipase (3 times the upper limit of normal). Cardiology and pulmonary evaluations were unremarkable. A thoracic computed tomography scan was performed, without any obvious findings to account for the pain. However, enlargement of the pancreatic tail containing a cystic lesion was observed on the scans of the upper abdomen (**Fig. 1**). This was confirmed by magnetic-resonance cholangiopancreatography (MRCP), which ruled out the main pancreatic duct disruption. A clinical diagnosis of pancreatic contusion was set and the patient was started on proton pump inhibitor, somatostatin analogue and analgesics. Furthermore, EUS was done, revealing side branch ectasia and a 3.5/ 1.7 cm irregular cystic lesion in the pancreatic tail (**Fig. 2**).

A 19G needle fine needle aspiration (FNA) was performed and cyst fluid analysis revealed high levels of amylase (10420 U/ L) and lipase (61990 U/ L), normal CEA and CA19-9 values, without atypical cells. Aspiration of the cyst, along with continuation of medical therapy, provided pain relief and follow-up imaging showed resolution of the cystic lesion.

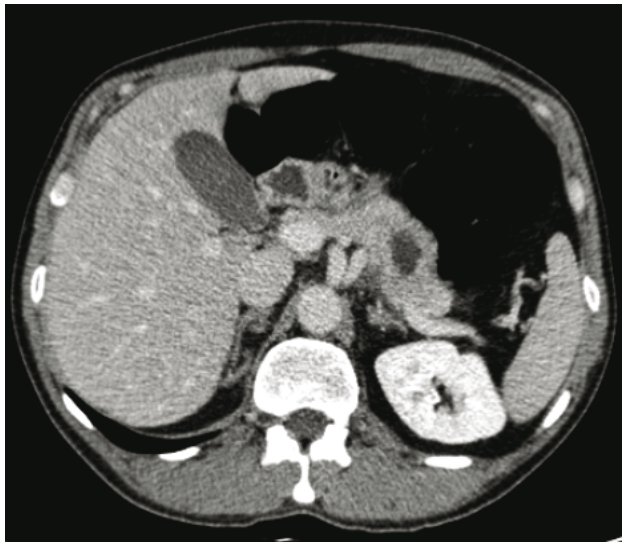

Fig. 1 CT scan showing pancreatic tail enlargement with central cystic lesion

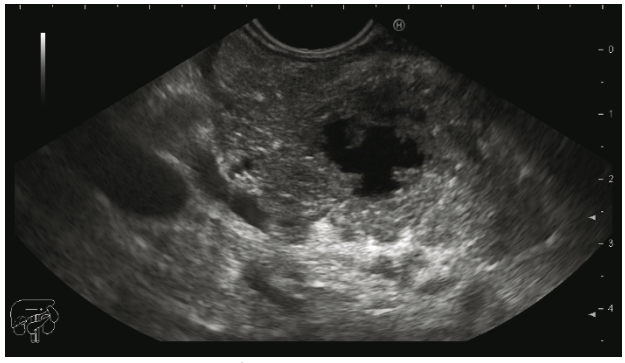

Fig. 2 EUS image of pancreatic tail, which shows the irregular cystic lesion

It is well known that EUS is the investigation of choice for pancreas and biliary tract evaluation. Currently, available data on the role of EUS in pancreatic trauma is scarce, mainly because it is an uncommon entity in clinical practice. Compared to the other imaging methods, EUS is non-irradiating, visualizes both the parenchyma and the ductal system and better delineates the morphology of cystic lesions. Besides its diagnostic role, EUS is also useful in the therapeutic management of traumatic pancreatic lesions, by providing drainage of pseudocysts [**2,3**]. Endoscopic retrograde cholangiopancreatography (ERCP) remains a valuable tool in the endoscopic management, for pancreatic duct stenting in cases of duct injury [**4,5**].

To sum up, multimodal imaging is of great importance in the evaluation of pancreatic trauma lesions and combined endoscopic-ultrasound/ radiology techniques are useful tools in the therapeutic armamentarium of such lesions.

References

1. Slavu I, Tulin A, Braga V, Enciu O, Paduraru D, Socea B, Alecu L. Trauma of the pancreas. A hidden disaster. Rom J Orthopaedic Surgery and Trauma. 2020; 3(1):49-54. doi:10.2478/rojost-2020-0008.
2. Săftoiu A, Vilmann A, Vilmann P. Endoscopic ultrasound-guided drainage of pancreatic pseudocysts. Endosc Ultrasound. 2015; 4(4):319-23. doi: 10.4103/2303-9027.170424.
3. Grossjohann HS, Kristensen TS, Hansen CP. Endoscopic Ultrasound-Guided Drainage of a Pancreatic Pseudocyst after a Bicycle Trauma. Ultrasound Int Open. 2019; 5(2):E75-E77. doi:10.1055/a-0948-5620.
4. Rastogi M, Singh BP, Rafiq A, Wadhawan M, Kumar A. Endoscopic Management of Pancreatic Duct Disruption Following a Bullet Injury: A Case Report. JOP. 2009 May 18; 10(3):318-20.
5. Okamoto H, Hosaka M, Fujii H, Wakana H, Kawashima K, Fukasawa T. Successful management of a blunt pancreatic trauma by endoscopic stent placement. Clin J Gastroenterology. 2010 Aug; 3(4):204-8. doi: 10.1007/s12328-010-0161-1.