Acute pancreatitis induced by vegetable fibers

Fig. 1 Endosonographic image from a 38-year-old woman referred with recurrent acute pancreatitis showing a 6-cm hyperechoic “tubular structure” in the pancreatic duct, with multiple irregular spots and a leaf-like ending, perfectly fitting the duct, up to the pancreatic isthmus.

Fig. 2 Endoscopic image of one end of the fiber in the pancreatic duct, protruding out of the papilla into the duodenal lumen.

Fig. 3 Endoscopic image of removal of the vegetable fiber from the papilla using a biopsy forceps.

Fig. 4 Macroscopic examination showing that the foreign body was a vegetable ear.

“tubular structure” in the pancreatic duct, with multiple irregular spots, and a leaf-like ending, perfectly fitting the duct, up to the pancreatic isthmus (► Fig. 1), and protruding out of the papilla into the duodenal lumen (► Fig. 2). The “tubular structure” was removed endoscopically using a biopsy forceps (► Fig. 3). Macroscopic examination showed that the foreign body was in fact a vegetable ear (► Fig. 4). The patient was discharged after 2 days following rapid normalization of serum pancreatic enzymes. At 3-month follow-up, the patient was totally asymptomatic. In this case, EUS proved to be a valuable tool in detecting a pancreatic foreign body, while other imaging techniques (abdominal ultrasound, CT, MRCP) were inconclusive or misleading.

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Acute pancreatitis induced by ingested foreign bodies is a rare entity [1–5]. We report an unusual case of acute pancreatitis caused by a foreign body which had migrated into the main pancreatic duct. A 38-year-old woman was referred to our unit with recurrent acute pancreatitis. Serum amylase (286 U/L) and lipase (721 U/L) were elevated, and she complained of severe abdominal pain radiating to her back. The patient denied recent use

of alcohol or drugs and also denied previous pancreatic or hepato-biliary disease, and surgical operations. Abdominal ultrasound and contrast-enhanced computed tomography (CT) showed a dilation of both the common bile duct and pancreatic duct. Magnetic resonance cholangiopancreatography (MRCP) showed a 3-mm calcification in the pancreatic duct; the duct was slightly dilated. Endoscopic ultrasound (EUS) identified a 6-cm hyperechoic

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