An unusual retroperitoneal lesion causing recurrent acute pancreatitis

Fig. 1 Abdominal computed tomographic scan shows an encapsulated mass of fatty density (arrow) compressing the third portion of the duodenum (arrowheads) in a 71-year-old man presenting with postprandial upper abdominal pain.

Fig. 2 Axial T1-weighted magnetic resonance image shows a well-demarcated, hyperintense mass (arrow).

Fig. 3 Endoscopic view of the third portion of the duodenum with luminal narrowing.

Fig. 4 Gastroduodenography shows duodenal narrowing in the third portion (arrowheads).

A 71-year-old man presented with postprandial upper abdominal pain. He had not drunk any alcohol. Nevertheless, he had experienced four episodes of acute pancreatitis of unknown etiology in the last 2 months. His serum amylase (3135 U/L) and lipase (8472 U/L) were elevated, and subsequent computed

tomography showed acute pancreatitis and an encapsulated mass of fatty density around the duodenum (● Fig. 1). The mass was depicted more clearly by magnetic resonance (MR) imaging and appeared as a well-demarcated, homogeneous, hyperintense lesion on T1-weighted images (● Fig. 2). Endoscopy and gas-

troduodenography demonstrated duodenal narrowing in the third portion due to extrinsic compression (● Fig. 3 and ● Fig. 4). MR cholangiopancreatography, endoscopic ultrasound, and endoscopic retrograde cholangiopancreatography revealed no definite cause of the acute pancreatitis; there was no evidence of choledocholithiasis, pancreatic tumor, or pancreaticobiliary malformation. The imaging findings suggested that the third portion of the duodenum was being compressed by a retroperitoneal lipoma. Thus, the cause of the recurrent acute pancreatitis was presumed to be a transient increase in duodenal pressure.

The retroperitoneal mass was resected surgically, and the entire specimen showed features consistent with a retroperitoneal lipoma. No pancreatitis has been observed for 20 months.

Recurrent acute pancreatitis results most frequently from alcohol, followed by gallstones [1]. Increased duodenal pressure, which occurs as a result of superior mesenteric artery syndrome or afferent loop syndrome, can also be a cause of recurrent acute pancreatitis [2,3]. Retroperitoneal lipoma is a rare condition that presents as a large mass causing abdominal swelling or symptoms due to the obstruction of adjacent organs [4]. MR imaging is the modality of choice for imaging lipoma; it is depicted as a discrete, encapsulated, homogeneous fatty mass [5]. To the best of our knowledge, no similar case has been reported in the literature.

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Competing interests: None

Sho Kitagawa, Hiroyuki Miyakawa

Department of Gastroenterology, Sapporo Kosei General Hospital, Sapporo, Japan

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Corresponding author

Sho Kitagawa, MD
Department of Gastroenterology
Sapporo Kosei General Hospital
Kita 3 Higashi 8
Chuo-ku
Sapporo 060-0033
Japan
Fax: +81-11-271-5320
bossa0405@yahoo.co.jp