Severe acute pancreatitis following biopsy of the minor papilla of the duodenum

We report the case of a 68-year-old woman with a previous duodenal adenoma resection who underwent esophagogastroduodenoscopy, during which endoscopic biopsy of a hypertrophied minor duodenal papilla was performed with a standard biopsy forceps. The exam was otherwise normal and she was discharged with no pain or discomfort.

Eight hours after the procedure, the patient developed intense abdominal pain, which necessitated urgent admission. Laboratory tests showed that the patient’s lipase level was 4106 U/L (normal range, 13 to 60 U/L) and her glucose level was 263 mg/dL, with no other abnormalities. An abdominal computed tomography (CT) scan showed a Balthazar’s grade E pancreatitis with 70% necrosis, associated with multifocal partial thrombosis of the splenic vein.

Laboratory follow-up, done later the same day, showed a C-reactive protein level of 135 mg/L (normal range, <5 mg/L), decreased ionized calcium concentration at 0.93 mmol/L (normal range, 1.15 to 1.3 mmol/L) and hyperlactatemia at 20 mg/dL (normal range, 4 to 14 mg/dL), which got worse the same day. The patient developed multiorgan failure, leading to admission to the Intensive Care Unit (ICU). Other etiologies of acute pancreatitis, as is done prior to endoscopic biopsies, or if the procedure is judged to be mandatory, prophylaxis for pancreatitis, as is done prior to endoscopic retrograde cholangiopancreatography – namely, hyperhydration or intrarectal administration of nonsteroidal anti-inflammatory drugs administration – should be provided.

Conclusions

In conclusion, even though complications due to endoscopic biopsies are relatively rare, the dramatic developments encountered with our patient clearly underscore the need to draw the attention of endoscopists to the possible risks associated with biopsies of the papilla, especially if the minor papilla is targeted. Perhaps a pancreas divisum should be excluded before performing minor papilla biopsies, or if the procedure is judged to be mandatory, prophylaxis for pancreatitis should be provided.

Competing interests

The authors declare that they have no conflict of interest.

References


The authors

Yael Langman1, Antoine Lambert3, Marianna Arvanitakis1, Jacques Devière1, Thierry Degrez1, Yeter Gokburun1, Daniel Blero3
1 Université Libre de Bruxelles, Faculté de Medicine, Bruxelles, Belgium
2 Centre Hospitalier Regional de Namur, Namur, Belgium
3 Université Libre de Bruxelles, Gastroenterology, Bruxelles, Belgium

Corresponding author

Yael Langman
Université Libre de Bruxelles, Faculté de Medicine, Route de Lennik 808, Bruxelles 1060, Belgium
Fax: +0032472550609
yael.langman819@gmail.com

Letter to the editor

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Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany