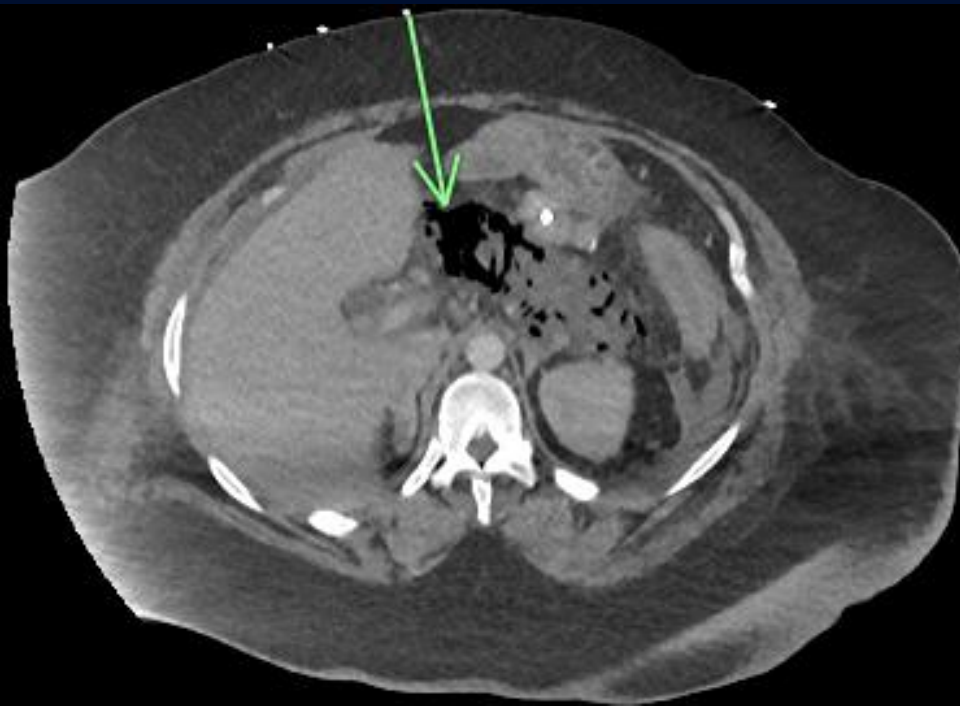


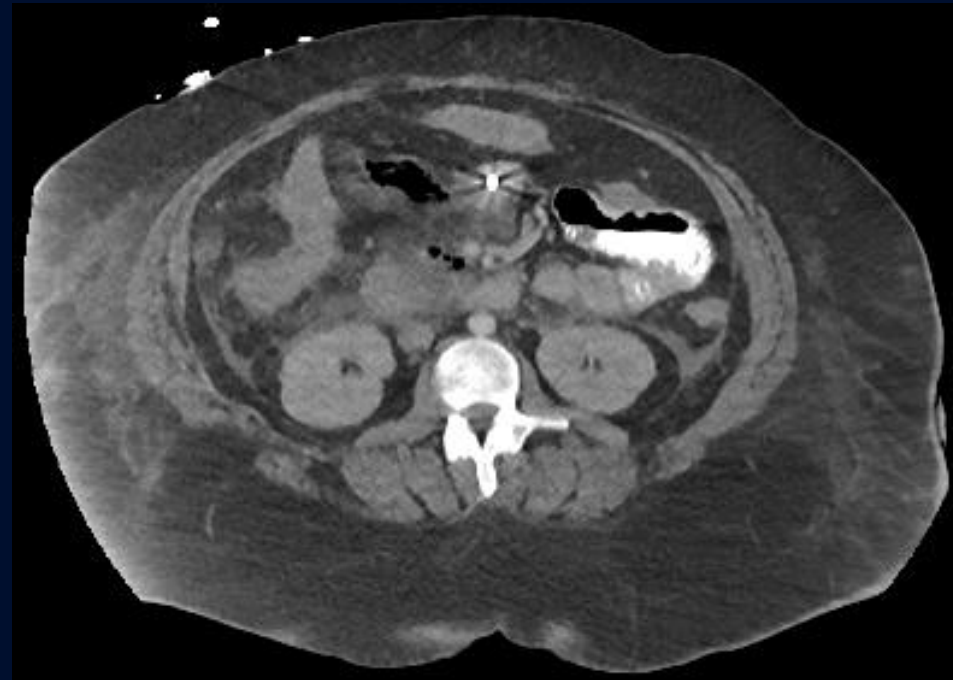
49-year-old female with acute severe  
abdominal pain, burning chest pain  
and acid reflux

Zachary Towne, MS3

# CT with IV & Oral Contrast



# CT with IV & Oral Contrast

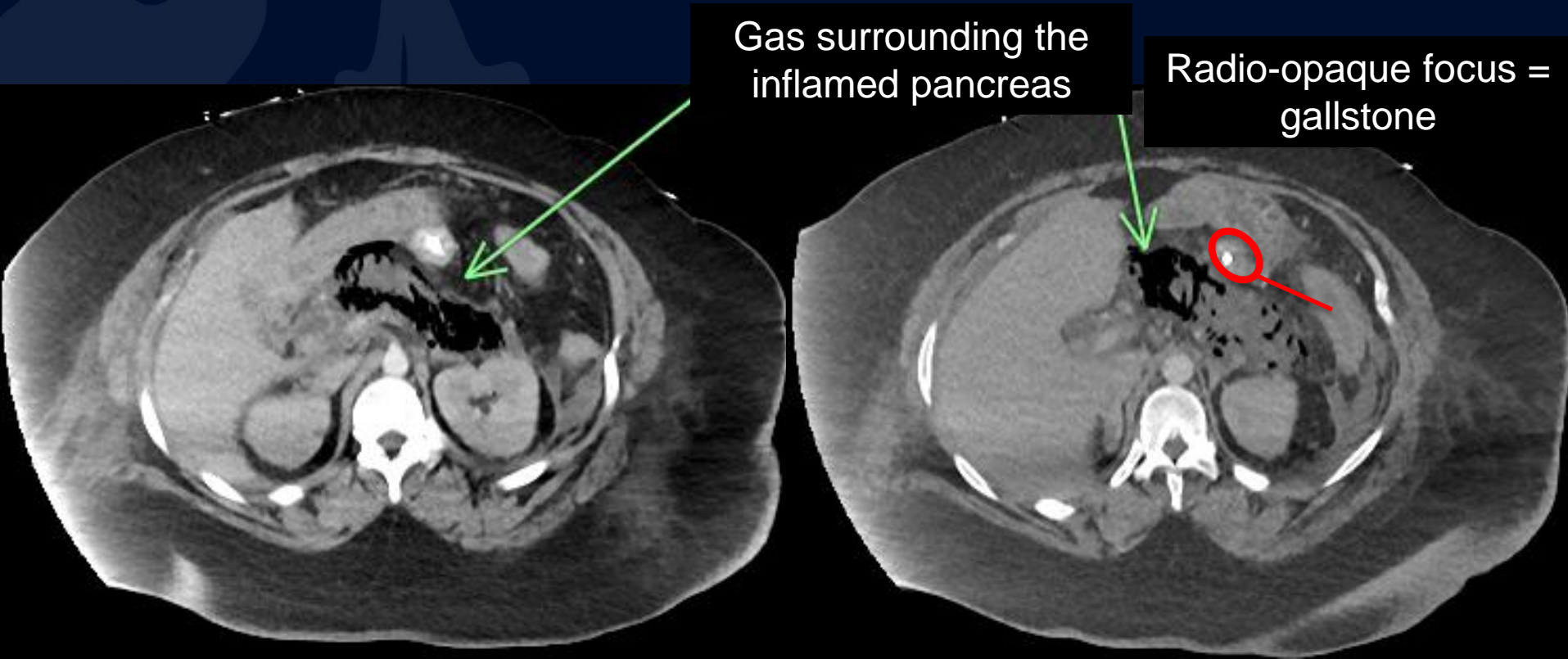


A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

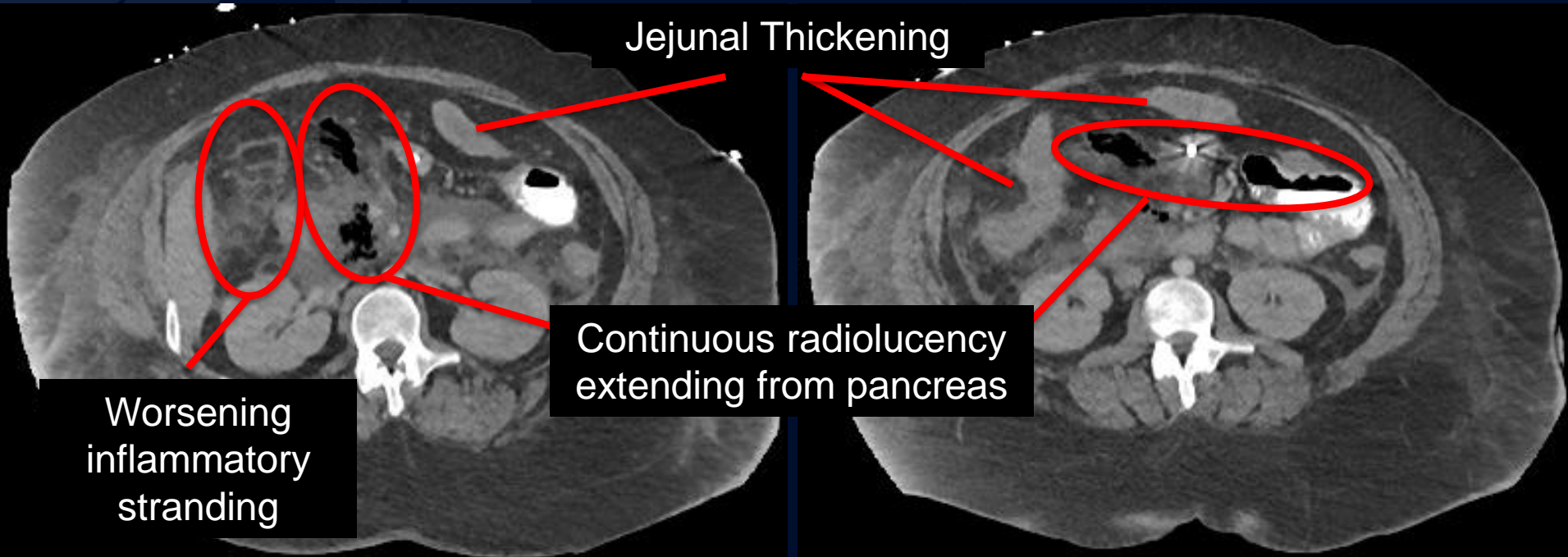
?

# Emphysematous Pancreatitis

# CT with IV & Oral Contrast



# CT with IV & Oral Contrast



# Emphysematous Pancreatitis

## Emphysematous Pancreatitis

- Considered as an unusual complication of acute pancreatitis due to necrosis of the pancreas.
  - Acute necrotic collections are common; often lack the inflammatory wall like a pancreatic pseudocyst
  - Occur in 10-20% of patients with acute pancreatitis
- Emphysema due to bacteria producing gas within or surrounding the pancreas
  - Introduction of bacteria via systemic polymicrobial infections or fistula formation between pancreas and digestive tract. Typical organisms include *E.coli*, *Pseudomonas spp*, *Enterobacteriaceae* or anaerobes.
- 80% of acute pancreatitis patients present with mild gas formation; this does not represent increase in severity and does not require aggressive treatment.

## Clinical presentation

- Acute abdominal pain, abdominal fullness, recurrent vomiting, sudden leukocytosis
- Possible associations with alcohol consumption, diabetes mellitus, gallstones or history of pancreatitis

## Imaging

- CT with IV contrast allows for identification of gas within necrotic parenchyma.

## Treatment

- Conservative management: antibiotics, percutaneous interventions
- Aggressive management: surgical debridement of necrotic tissues.
  - No significant difference in mortality or complication outcomes

## Prognosis

- High mortality rates due to sepsis, up to 20-30%.
- Early onset of emphysematous pancreatitis (< 1 week) is associated with higher mortality rate (44.1%)



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