

Infected Walled-Off Pancreatic Necrosis (WON) as a Cause of Gastric Perforation and Splenic Artery Occlusion with Splenic Infarction: A Case Report

Alja Pišlar, mag. Mojca Tomažič

Splošna bolnišnica Izola



Introduction

Walled-off pancreatic necrosis (WON) is a frequent complication of pancreatitis. Infection of a WON is a critical condition, potentially leading to rapid inflammatory progression, local tissue destruction, and systemic involvement. Clinical presentation is often nonspecific, making imaging essential for treatment planning.

Patient Background

A 74-year-old patient with chronic alcoholic pancreatitis and previously documented pseudocysts regressing on follow-up – a larger pseudocyst in the pancreatic tail presented with heterogeneous content.

The patient presented to the emergency department with acute, severe abdominal pain. An initial CT scan ruled out acute pathology, with pancreatic findings appearing unchanged from previous studies.

Due to persistent and worsening pain, the patient was re-evaluated six days later. A triple-phase contrast-enhanced CT scan revealed an infected WON in the pancreatic tail.

Imaging Findings

Close proximity of the infected WON to the posterior gastric wall and the splenic vasculature indicated an inflammatory-ischemic mechanism:

- Large defect in the gastric fundus
- Occlusion of the splenic artery
- Splenic emphysema and infarction

Treatment

Emergency surgical intervention was performed, including:

- Splenectomy
- Resection of the necrotic gastric wall
- Drainage of the WON
- Omentectomy

Conclusions

This case highlights the importance of continuous monitoring in patients with complications of recurrent pancreatitis and the need for timely, accurate radiological evaluation of acute pain.

Infection of pseudocysts and/or WON may lead to rare, life-threatening ischemic-perforative complications.

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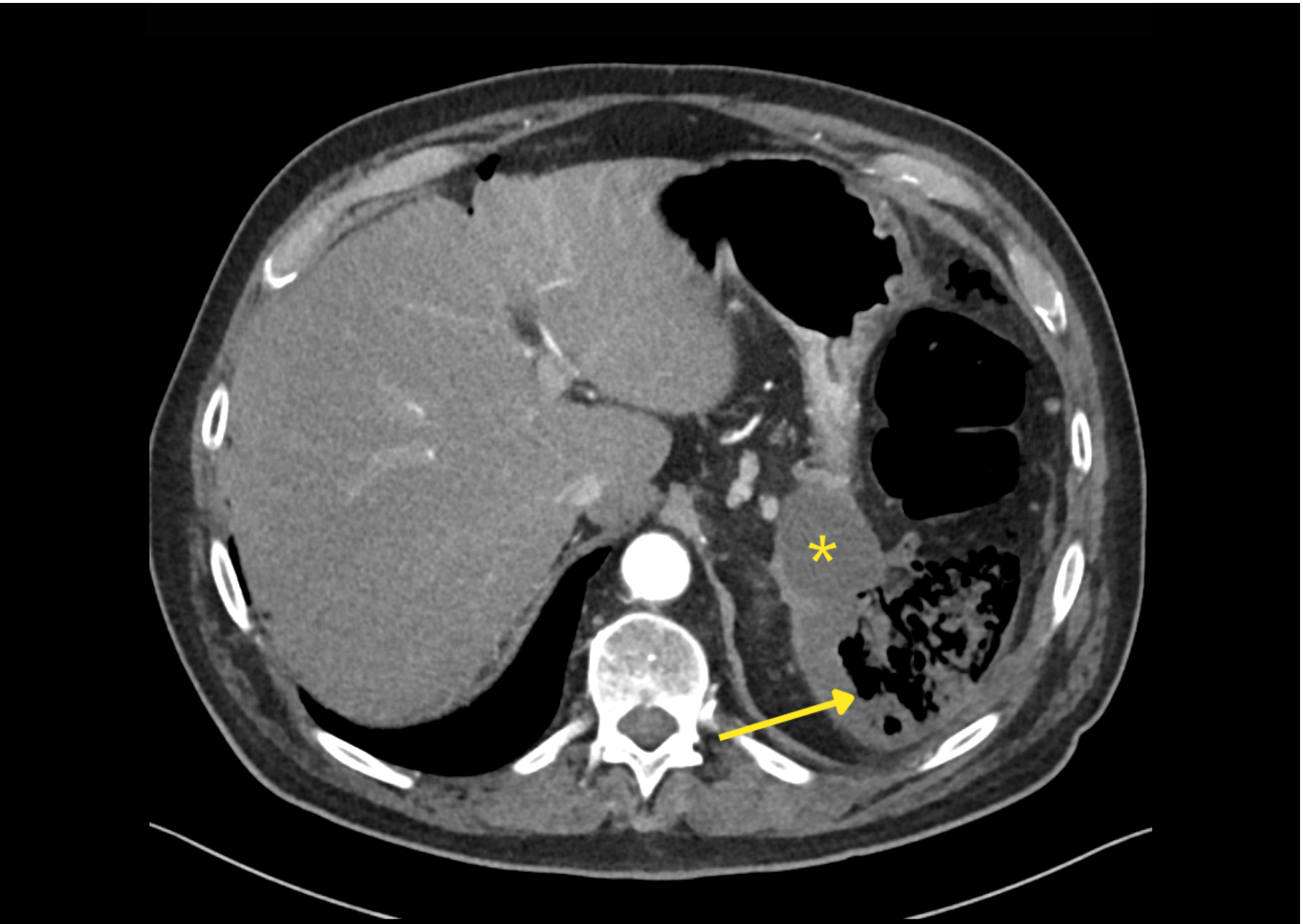


Figure 1. WON (*), infarcted spleen with emphysema (arrow)

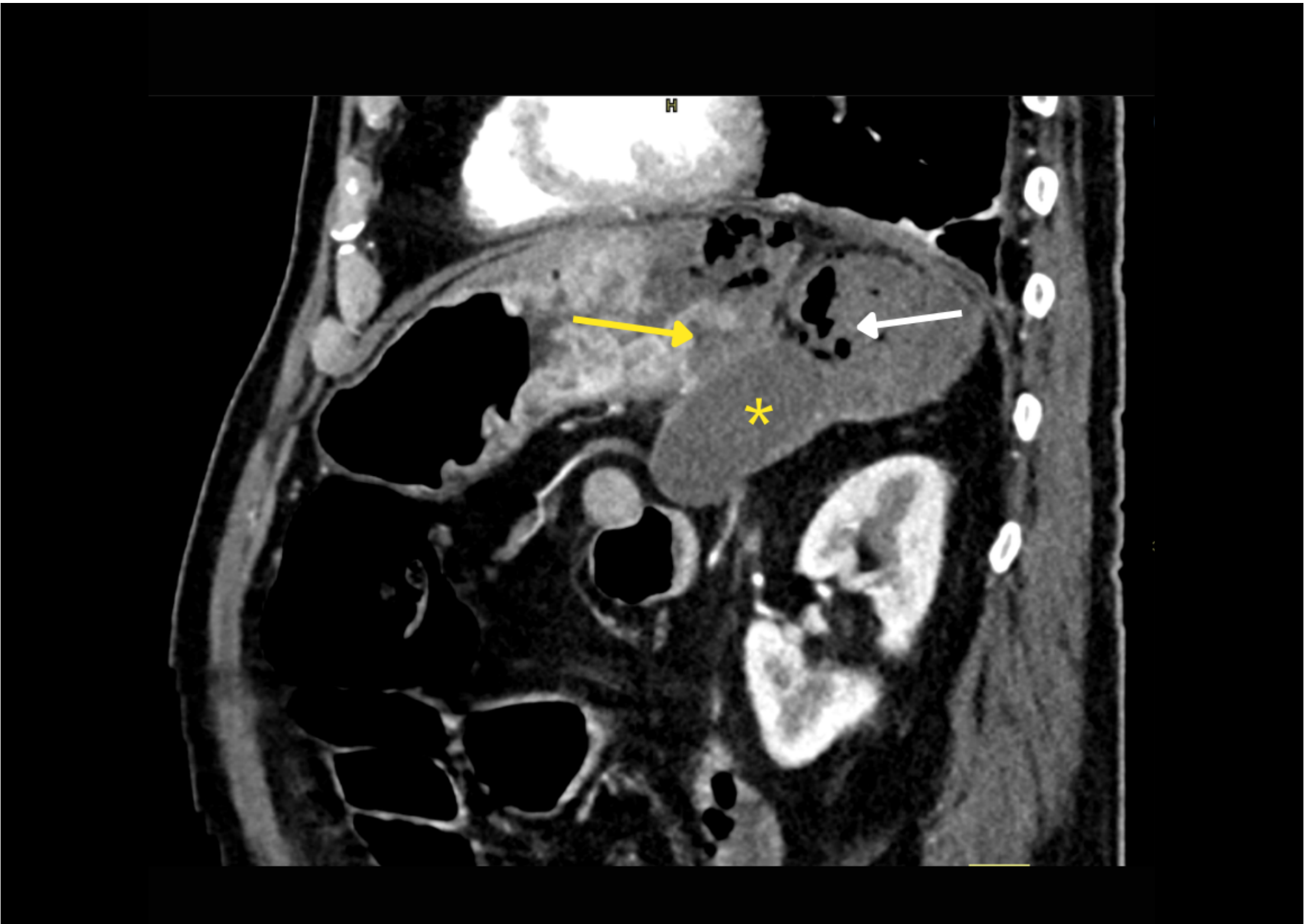


Figure 3. Defect in gastric fundus (yellow arrow), WON (*), splenic infarction and emphysema (white arrow)

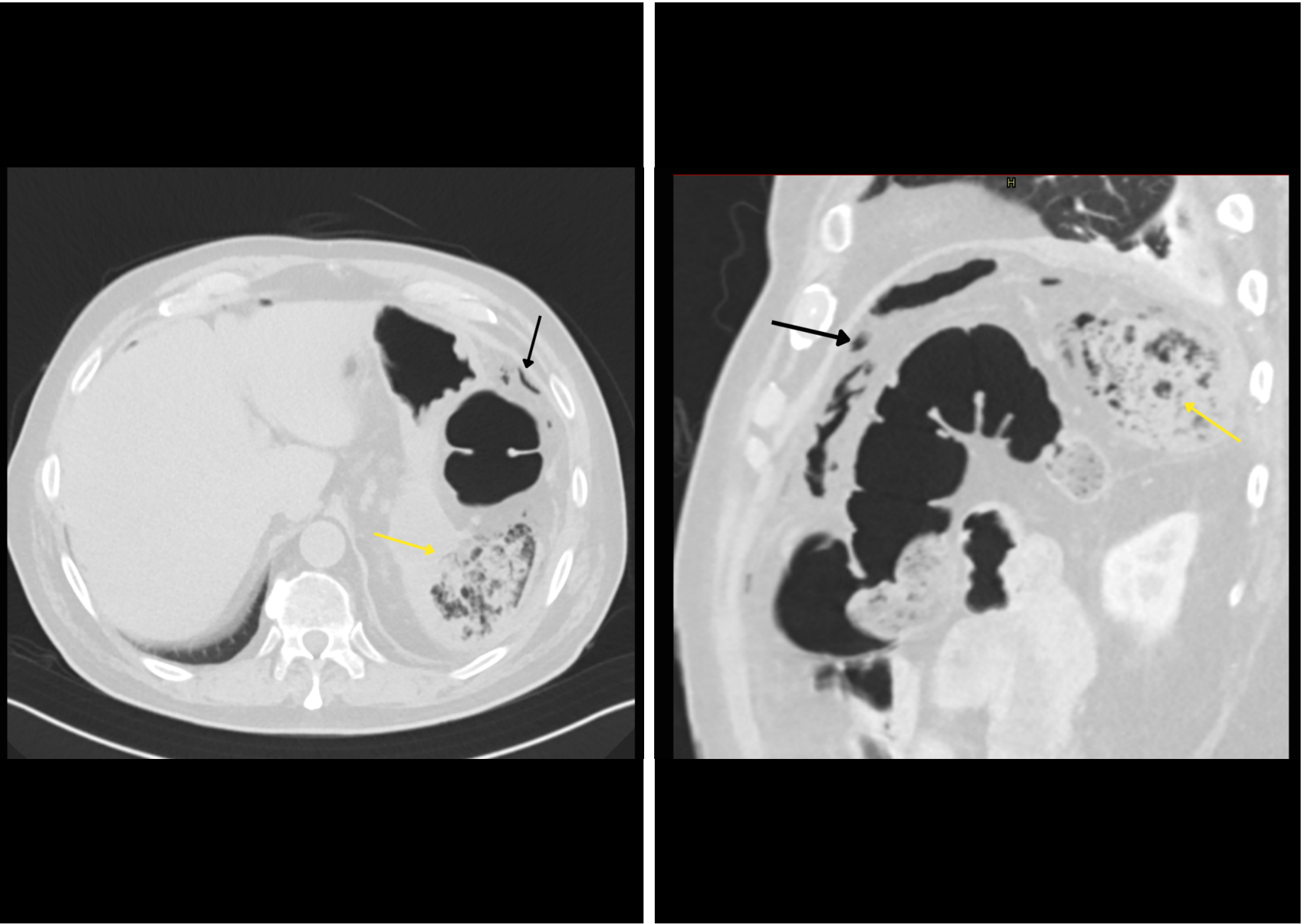


Figure 2. Pneumoperitoneum (black arrow), spleen emphysema (yellow arrow)

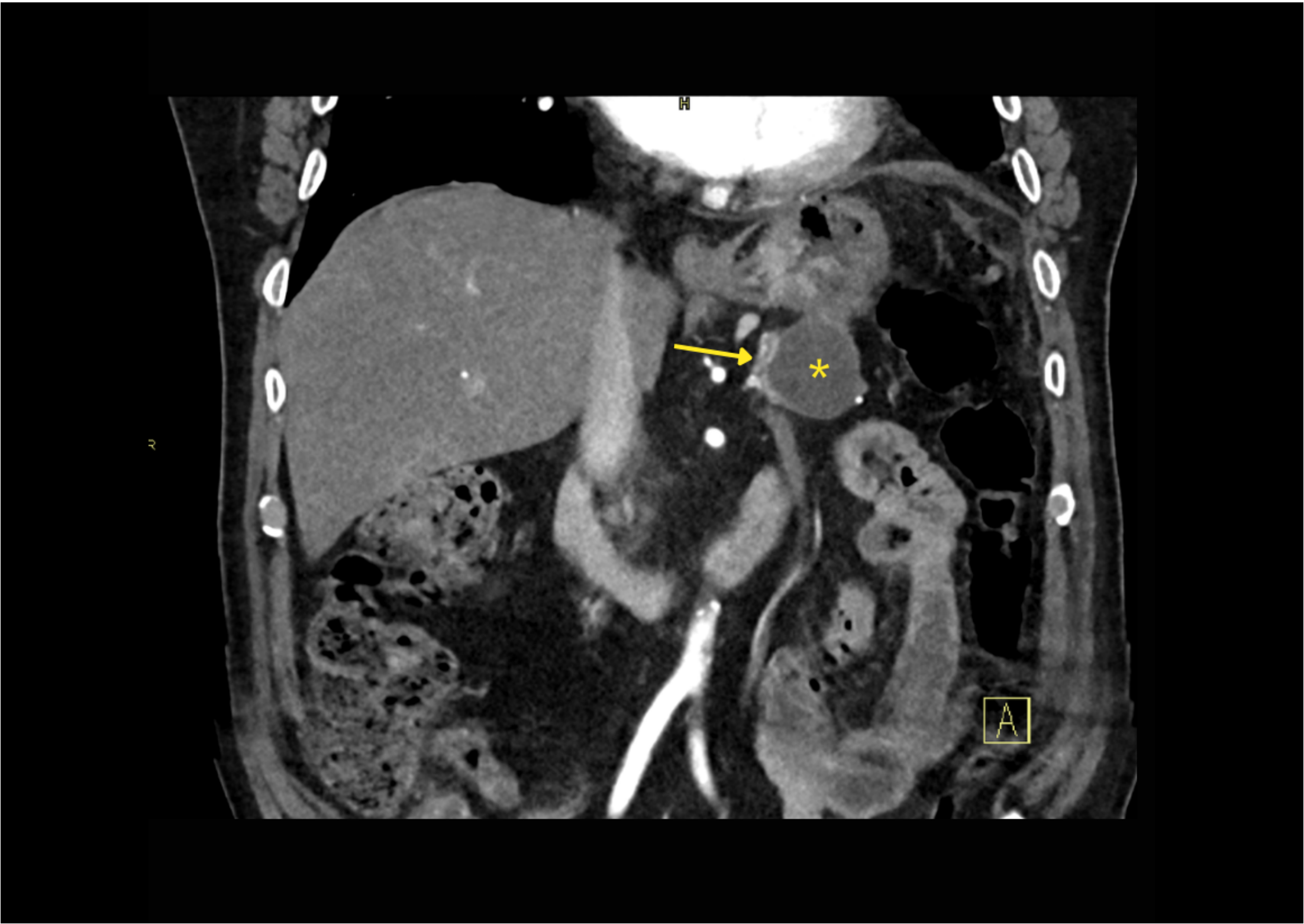


Figure 4. Splenic artery infarction (yellow arrow), WON (*)