Pancreatico-gastric Fistulas Due to Intraductal Papillary Mucinous Neoplasm (IPMN)

Kayo Honda, Keiichiro Kume, Masahiro Yamasaki, Ichiro Yoshikawa and Makoto Otsuki

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Picture A.

Picture C.

Picture B.

Picture D.

An 84-year-old Japanese man presented with abdominal fullness and anorexia in September 2006. Computed tomography demonstrated extension of the stomach and the duodenum with a thickened wall. It showed marked dilatation of the main pancreatic duct (MPD) (A; arrowhead) and fistulization into the stomach (A; arrow) and the duodenum

(B; arrow).

Endoscopic examination demonstrated the skip ulcerations with abundant volume of mucin at posterior wall of upper stomach (C; arrow) and the bulb (D; arrow) and the 2nd portion of the duodenum. Mucinous discharge from the ulcerative regions suggested that they are the orifices of fistu-

las connected to the MPD. Biopsies from the bottom of the ulceration revealed papillotubular adenocarcinoma and mucinous adenocarcinoma.

The final diagnosis was pancreatigo-gastric fistulas due to intraductal papillary mucinous neoplasm (IPMN) (main duct type).

This case which presented the symptoms of ileus required

treatment with medication. It was supposed that the abundant amount of viscous mucus production caused mechanical obstruction of the small intestine.

Percutaneous endoscopic gastrostomy (PEG) was made to drain mucinous products. He became asymptomatic following PEG and he is well 13 months after the procedure.