Recurrent Epigastric Pain

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A 41-year-old man with a nearly 20-year history of alcohol consumption (sorghum wine, 500 milliliters per day) presented to the emergency department with epigastric pain radiating to the back that had lasted for two days. The patient had experienced seven episodes of epigastric pain within the past two years. A physical examination revealed tenderness over the left upper quadrant of the abdomen. The laboratory data showed an impaired liver function with normal levels of amylase (22 U/L; reference, 28-100 U/L) and lipase (50 U/L; reference, 13-60 U/L). A plain film of the abdomen demonstrated multiple areas of speckled calcification distributed along the pancreas (Picture a). Computed tomography of the abdomen also revealed multiple calcified nodules in the pancreatic parenchyma (Picture b). The diagnosis was chronic alcoholic pancreatitis with pancreatic calcification.

Pancreatic calcification is a characteristic of chronic alcoholic pancreatitis. The detection of small areas of punctate calcification plays an important role in the diagnosis of chronic pancreatitis; however, the spine may mask these areas, increasing the difficulty of making a diagnosis. A population-based study reported that 51% of affected patients have chronic alcoholic pancreatitis (1). The daily consumption of more than 100 grams of ethanol for men and 80 grams for women for more than five years is associated with a risk of developing alcoholic pancreatic disease (2).

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References
