Xanthogranulomatous Cholecystitis-induced Pancreatic Panniculitis

Yoshihiro Nishikawa¹,², Yojiro Sakuma¹,² and Shujiro Yazumi²

Key words: pancreatic panniculitis, pancreatitis, xanthogranulomatous cholecystitis

(A Intern Med 53: 1715-1716, 2014)
(DOI: 10.2169/internalmedicine.53.2735)

A 38-year-old man with a low-grade fever was referred to our hospital. A physical examination revealed hepatomegaly with tenderness, while laboratory tests demonstrated elevated levels of pancreatic amylase (355 IU/L), lipase (1,555 U/L) and C-reactive protein (9.90 mg/dL). Computed tomography showed an extremely thickened gallbladder wall, whose inflammation affected the pancreatic head (Picture 1). Therefore, xanthogranulomatous cholecystitis (XGC) and acute pancreatitis were diagnosed.

The patient received conservative treatment; however, he developed a rash on his extremities (Picture 2). A pathological examination of a skin biopsy specimen disclosed inflammation in the subcutaneous adipose tissue (panniculitis), and extended cholecystectomy was performed. After surgery, the rash gradually disappeared (Picture 3). The final diagnosis was pancreatic panniculitis caused by XGC-induced acute
pancreatitis. The existence of many causes of panniculitis and pancreatic disease-induced panniculitis is referred to as pancreatic panniculitis (1). Pancreatic panniculitis rarely (2-3%) accompanies pancreatic disease; therefore, diagnosing the disease can sometimes be difficult (2). Physicians should include pancreatic panniculitis in the differential diagnosis of erythema nodosum.

The authors state that they have no Conflict of Interest (COI).

References

© 2014 The Japanese Society of Internal Medicine
http://www.naika.or.jp/imonline/index.html