



# A case of severe chronic calcific pancreatitis

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# Disclosures

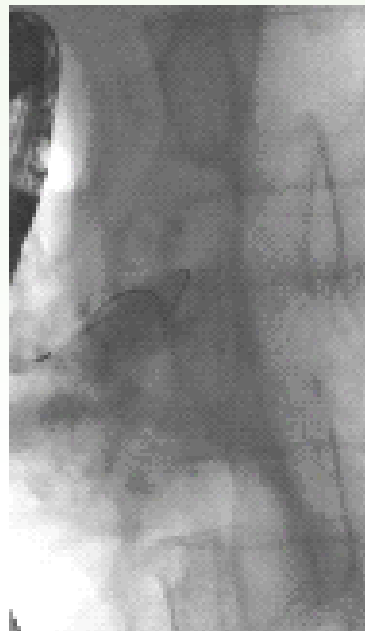
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Consultant, Cook Medical  
Consultant, Pentax Medical

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# Clinical Course

- 70-year male with DM, GERD, PAD, alcohol induced chronic pancreatitis, smoker, previously seen at Johns Hopkins in 2019. EUS there with duodenitis, dilated MPD and intraductal stones, parenchymal calcifications, with 50 lb weight loss, CA 19-9 113. No mass on CT
- CT 1/27/20: chronic pancreatitis, fluid collection between HOP and D2, cannot rule out cystic neoplasm vs pseudocyst
- EUS/ ERCP performed by Dr. Jahann on 9/18/2020



Pancreatogram demonstrated:

- Severely dilated PD up to at least 10 mm in the head.
- dilated side-branches
- Contrast did not pass up to the neck of the PD due to complete ductal obstruction.

Ongoing weight loss, CA 19-9 increased to 243 (5/21) to 1918 (5/2022)



EUS 12/9/2021



CT 5/16/2022- no mass

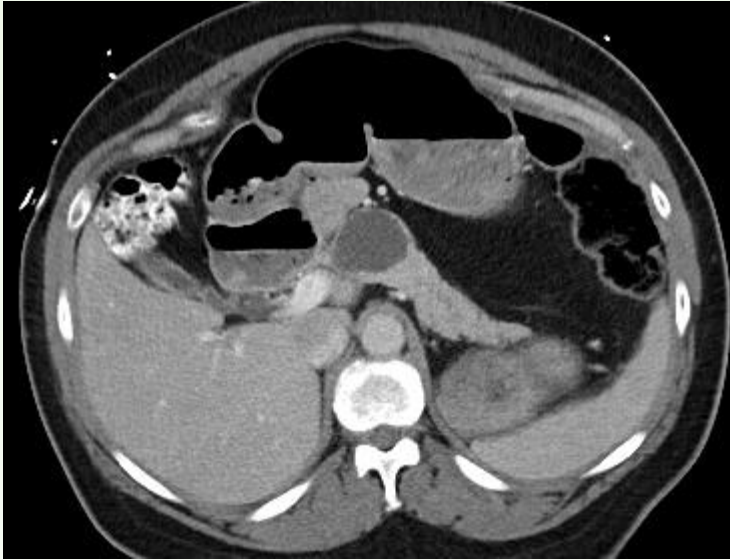


- Ongoing weight loss and pain
- Offered celiac plexus block
- Undergoes robotic-assisted total pancreatectomy, hepaticojejunostomy and gastrojejunostomy on 7/21/2022. Path-benign

## Pertinent Questions

- Comes to clinic on 11/14/2022 concerned about cost of Creon (currently on 2 pills with meals and 1 at snack, 24,000U, weighs 171 lbs)
- Was a total pancreatectomy overkill as he is now completely insulin dependent
- What other medications could have been given/tried for his weight loss
- What is the data for CPB for chronic pancreatitis?

# Cases of pancreatic cysts



- 47 year- old female admitted for pelvic pain. Drank heavily 20 yrs ago.
- What would you do next



- Initially presented over 1 yr ago. EUS revealed a mucinous cyst
- Sent for surgical consultation but chose observation
- Now with obstructive jaundice



- Unfortunately, now with solid component. FNB, adeno