



## A rare image of pancreatic-pleural fistula

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A 49-year-old male with a history of chronic alcoholic pancreatitis presented to the emergency department with right-sided pleuritic chest pain. CT scans of the chest and abdomen after intravenous contrast administration showed a fistulous tract with fluid and gas extending from the pancreatic head into the right pleural space (Figure 1).

Empiric antibiotic therapy and fasting were implemented. Three days later, endoscopic retrograde cholangiopancreatography documented stenosis of the proximal portion of the main pancreatic duct and a fistula connecting the main pancreatic duct and the right pleural cavity (observed by contrast fluoroscopy showing a leak to the chest cavity). One single 5F pigtail drain was placed in the cephalopancreatic portion of the pancreatic duct. The patient was discharged three weeks later.

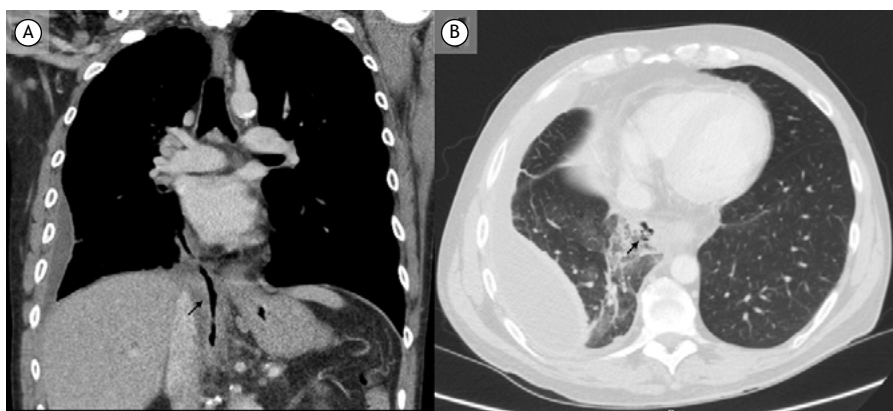
Pancreatic-pleural fistula is a rare complication of chronic pancreatitis, and right pleural effusions secondary to it are atypical. The sensitivity of CT to delineate the fistulous track is not very high, but in our case we got a rare and very enlightening image of a fistulous tract.<sup>(1)</sup>

### AUTHOR CONTRIBUTIONS

RC and JP: drafting of the manuscript and approval of the final version. PF: revision of the manuscript and approval the final version.

### CONFLICT OF INTEREST

None declared.



**Figure 1.** Coronal (in A) and axial (in B) CT images showing a fistulous tract (black arrows) with fluid and gas extending from the pancreatic head into the right pleural space and transposing the right hemidiaphragm.

### REFERENCES

1. Materne R, Vranckx P, Pauls C, Coche EE, Deprez P, Van Beers BE. Pancreaticopleural fistula: diagnosis with magnetic resonance pancreatography. *Chest*. 2000 Mar;117(3):912-4. <https://doi.org/10.1378/chest.117.3.912>

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