Short Commentary



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A fairly diffuse and extensive pancreatic calcification

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A 37-year-old male presented with worsening epigastric pain and nausea for one-week. Past medical history was significant of alcoholic chronic pancreatitis and gallbladder stones disease status post-cholecystectomy seven years ago. Physical examination revealed focal epigastric tenderness. A contrast-based computed topography (CT) scan revealed a fairly diffuse and extensive calcification of the pancreatic head, neck, and body, the findings were consistent with an alcoholic chronic pancreatitis (Figure 1). The patient was managed conser-

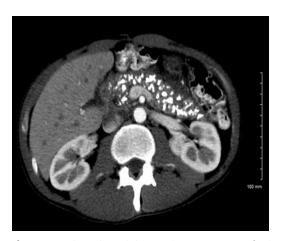


Figure 1: Contrast-based CT abdomen demonstrating a fairly diffuse and extensive calcification of the pancreas consistent with chronic pancreatitis.

vatively with adequate hydration and pain control, and he achieved an eventful recovery.

Pancreatic calcification is the most specific radiological finding in chronic pancreatitis with a prevalence of 4% [1]. It is more frequently observed in alcoholic chronic pancreatitis [1]. Differential diagnosis of calcific pancreas, however, includes cystic neoplasms and a range of non-pancreatic conditions that mimic pancreatic calcifications, such as calcific stones in distal choledocholithiasis, retained contrast within a periampullary diverticulum, and peripancreatic vascular lesions as calcified splenic vein thrombi [2].

References

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