

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-

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].



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

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