

# DIY meets WOPN: Spontaneous erosion of a peripancreatic fluid collection into the stomach

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## Description

A 55-year-old female with a history of chronic alcohol-related pancreatitis presented with abdominal pain and anorexia. Cross-sectional imaging revealed a homogenous large fluid collection located in the pancreatic head consistent with pseudocyst, which was followed with repeat imaging studies. She subsequently underwent uncomplicated Endoscopic Ultrasound (EUS) guided cystoduodenostomy with placement of a lumen opposing metal stent along with common bile duct stent placement for biliary obstruction (Figure 1A). One month later she represented with recurrent abdominal pain, anorexia, fever, and leukocytosis. Repeat imaging studies revealed a new complex peripancreatic fluid and gas collection concerning an infected acute pancreatic fluid collection (Figure 1B). She was scheduled for EUS-guided drainage the following day and interestingly improved symptomatically overnight just prior to the procedure. Upper endoscopy the following day revealed a 4 cm defect in the posterior gastric wall filled with healthy-appearing granulation tissue and necrotic debris, indicative of spontaneous decompression of the infected pancreatic fluid collection (Figure 1C). CT imaging revealed resolution of this fluid collection following this spontaneous decompression (Figure 1D). Acid suppression therapy was discontinued and interval endoscopy after 3 weeks showed resolution of the defect (Figure 1E).

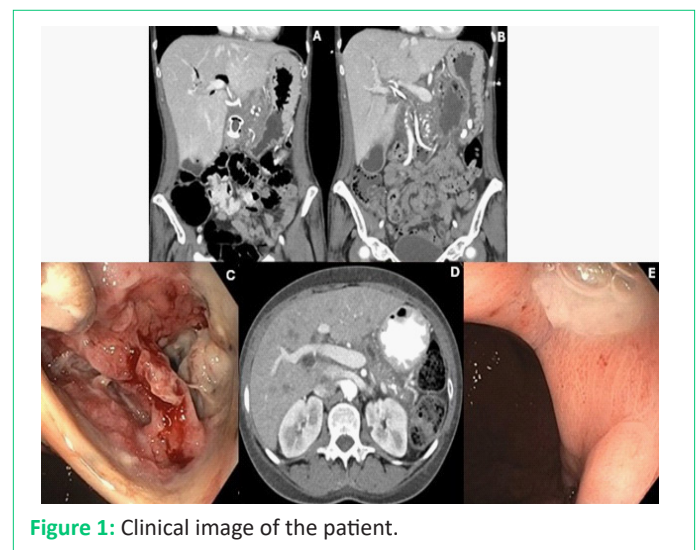


Figure 1: Clinical image of the patient.

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