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IMAGE | ENDOSCOPY

A Rare Cause of an Endoscopic Retrograde Cholangiopancreatography Surprise of "Concertina Effect" in Chronic Pancreatitis: Pancreatico-Jejunal Fistula

Jahnvi Dhar, MBBS, MD, DM[1], Roshan Agarwala, MBBS, MD, DM[1], Saroj Kant Sinha, MBBS, MD, DM[1], and Jayanta Samanta, MBBS, MD, DM[1]

[1]*Department of Gastroenterology, Postgraduate Institute of Medical Education and Research, Chandigarh, India*

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CASE REPORT

A 31-year-old man, chronic alcohol consumer and smoker, presented with a history of abdominal pain and distension, weight loss, and fever for 1 month. Contrast-enhanced computed tomography of abdomen revealed atrophic pancreas with ascites (Figure 1).[1] Ascitic fluid workup was suggestive of pancreatic ascites (amylase 13,538 U/L), and its culture grew *Escherichia coli*. The patient was managed with antibiotics, octreotide, and percutaneous drainage of ascitic fluid.[2] In view of a nonresolution of symptoms and persistent drain output, endoscopic retrograde cholangio-pancreatography was done. It revealed a disruption in the neck of the

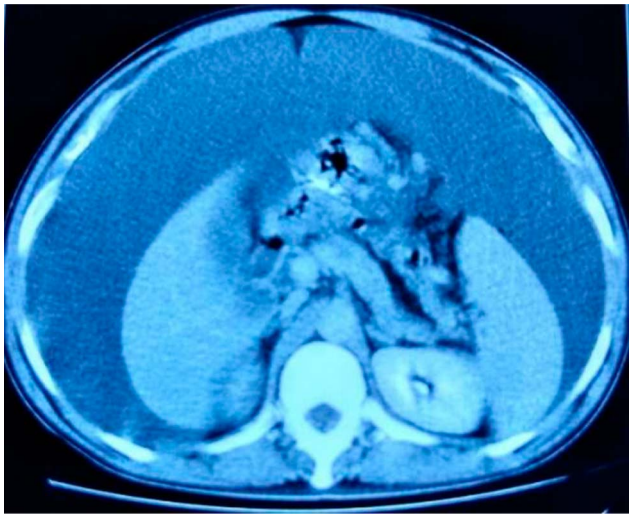

Figure 1. Contrast-enhanced computed tomography abdomen showing atrophy of pancreatic parenchyma, no ductal or parenchymal calcifications, dilated main pancreatic duct with gross ascites.

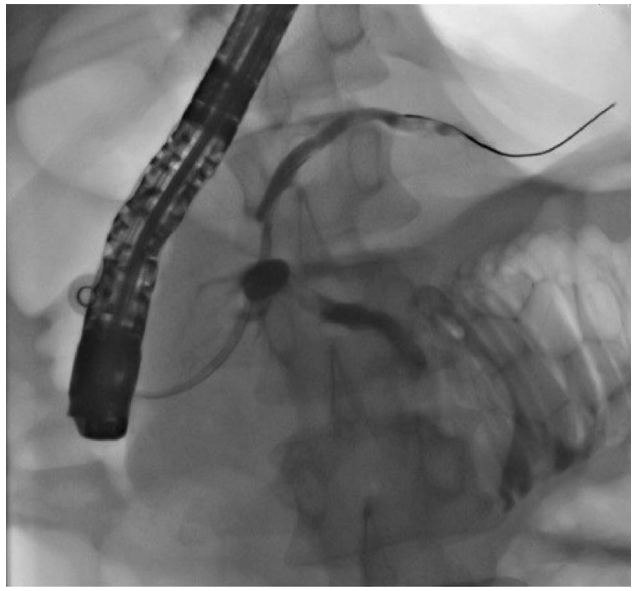

Figure 2. Pancreatogram showing wire in the main pancreatic duct, with a contrast leak at the level of neck of pancreas (ductal disruption), filling up a cavity and thereafter tracking into the jejunal loops, giving a concertina effect, signifying a pancreatico-jejunal fistula.

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Correspondence: Jayanta Samanta, MBBS, MD, DM (dj_samanta@yahoo.co.in).

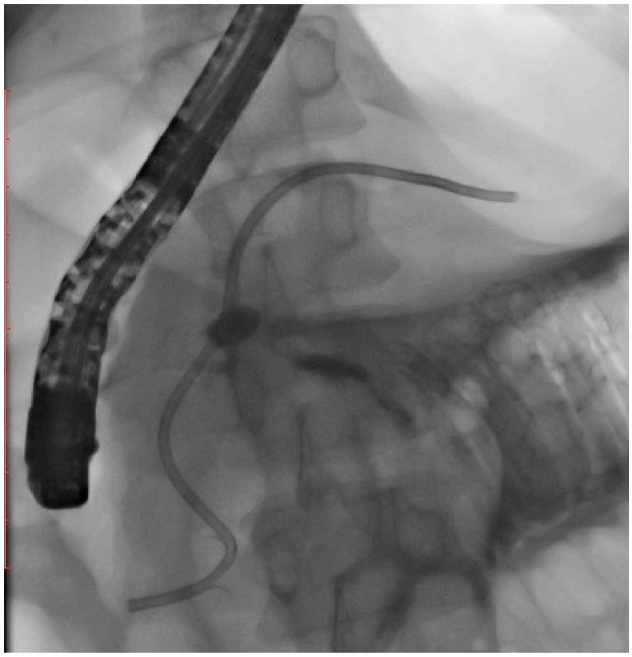

Figure 3. Pancreatogram showing a straight plastic stent placed in the pancreatic duct, bridging the disruption.

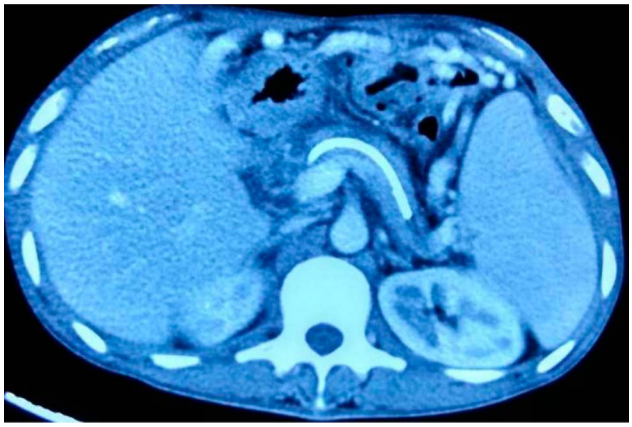

Figure 4. Contrast-enhanced computed tomography abdomen showing complete resolution of ascites, with plastic stent in situ (in the main pancreatic duct).

pancreas, which was filling into a cavity and tracking into the jejunal loops (Concertina effect, Figure 2). A diagnosis of spontaneous pancreatico-jejunal fistula was made.[2] The disruption was bridged with a guidewire, and a 7-Fr and 15-cm plastic pancreatic stent was placed bridging the disruption (Figure 3). After this, the patient improved with decreased drain output, and the drain was subsequently removed within 1 week.[3] The stent was removed 4 weeks later with subsequent pancreatogram showing complete resolution of the leak. At 2 months of follow-up, the patient was asymptomatic with no recurrence of ascites (Figure 4). Reported for the first time in literature, this unusual case of spontaneous pancreatico-jejunal fistula in chronic pancreatitis was managed successfully with pancreatic duct stenting.[4,5]

DISCLOSURES

Author contributions: J. Dhar: acquisition, analysis and interpretation of data, patient care, first draft of the manuscript, final approval of the manuscript; R. Agarwala: acquisition, analysis and interpretation of data, patient care, final approval of the manuscript; SK Sinha: Patient care, reviewing for critically important content, final approval of the manuscript; J. Samanta: conception and design, performed the procedure, patient care, reviewing for critically important content, final approval of the manuscript and is the article guarantor. All authors approve the final version of the manuscript.

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