

[PICTURES IN CLINICAL MEDICINE]

Ischemic Duodenitis with Delayed Elevation of Pancreatic Enzymes

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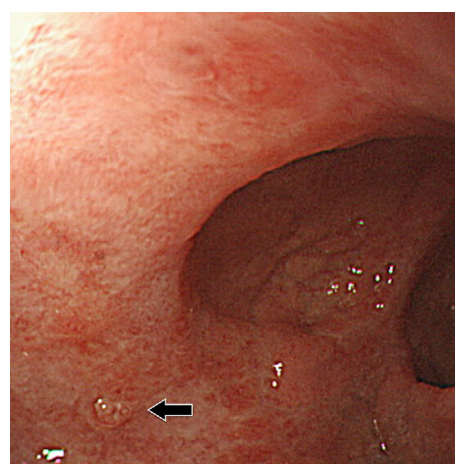
Key words: ischemic duodenitis, elevation of pancreatic enzyme

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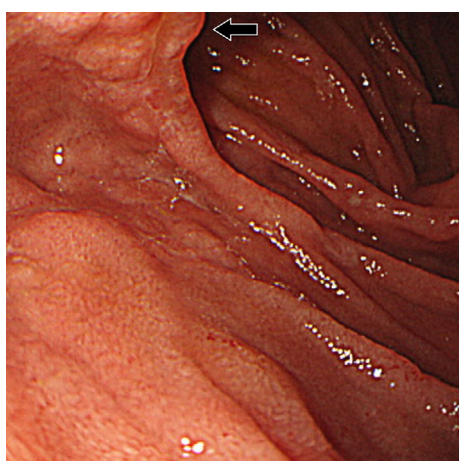
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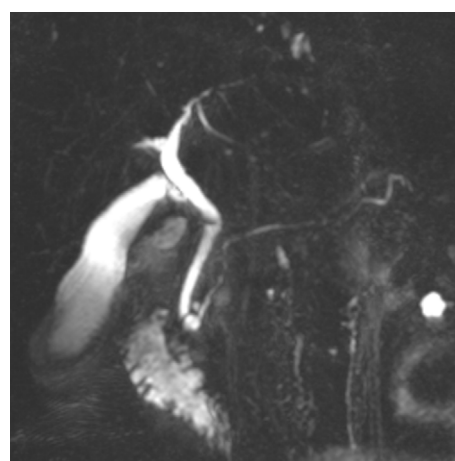
Picture 1.



Picture 2.



Picture 3.



Picture 4.

An 81-year-old woman with hypertension, dyslipidemia, and arteriosclerosis obliterans was admitted to our hospital with duodenitis. Three days later, her pancreatic enzyme levels showed elevation. Endoscopy with indigo carmine re-

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vealed the deterioration of duodenitis: multiple shallow ulcers were observed on the granular mucosa, which is consistent with ischemic duodenitis (Picture 1). Moreover, the minor papilla was involved (Picture 2) and the oral protrusion of the major papilla was affected (Picture 3). CT and MRI showed no sign of pancreatitis, and wirsungocele was found on magnetic resonance cholangiopancreatography (MRCP) (Picture 4). Based on the findings, impeded pancreatic secretion outflow was presumed to be the cause of elevated pancreatic enzyme levels. Her pain ceased within two days; however, her pancreatic enzyme levels remained elevated for three months. Ischemic duodenitis is very rare because the duodenum is supplied by both the celiac and superior mesenteric arteries (1, 2). Once this occurs, clinicians should consider the possibility that the minor and/or major papillae are affected.

We obtained informed consent from the patient.

The authors state that they have no Conflict of Interest (COI).

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