



## Necrotizing Pancreatitis Causing Acute Focal Pericarditis

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### Abstract

We describe the case of a 39-year old man with acute necrotizing pancreatitis. A twelve-lead electrocardiogram (A) showed signs of pericarditis and a computed tomography of the abdomen showed focal pericardial effusion, confirming the diagnosis.

### Description of the Case

A previously healthy 39-year old man presented for emergency assessment complaining of acute onset epigastric pain. His physical examination was within normal limits. A twelve-lead electrocardiogram (A) showed sinus tachycardia with concave-up ST elevation in the anterior leads, PR depression in lead II and PR elevation in lead aVR. His serum lipase and amylase were elevated at 421U/L (20-50U/L) and 858U/L (28-100U/L), respectively and high-sensitivity C-reactive protein was 197mg/L (0-1mg/L). He had normal cardiac biomarkers. Computed tomography of the abdomen performed 48 hours after onset of symptoms revealed near complete replacement of the pancreas with low-attenuating material compatible with pancreatic necrosis (B). A small, focal effusion was seen within the antero-superior pericardial recess (C). He was treated for acute pancreatitis and evolved satisfactorily, without evidence of infection of organ failure. He was discharged in good conditions after 2 weeks. An ECG prior to discharge was completely normal (Figure 1).

### Discussion

Acute focal pericarditis can be caused by inflammation occurring in neighboring organs and should be considered in certain clinical situations. The process is often benign and will resolve with treatment of the primary insult.

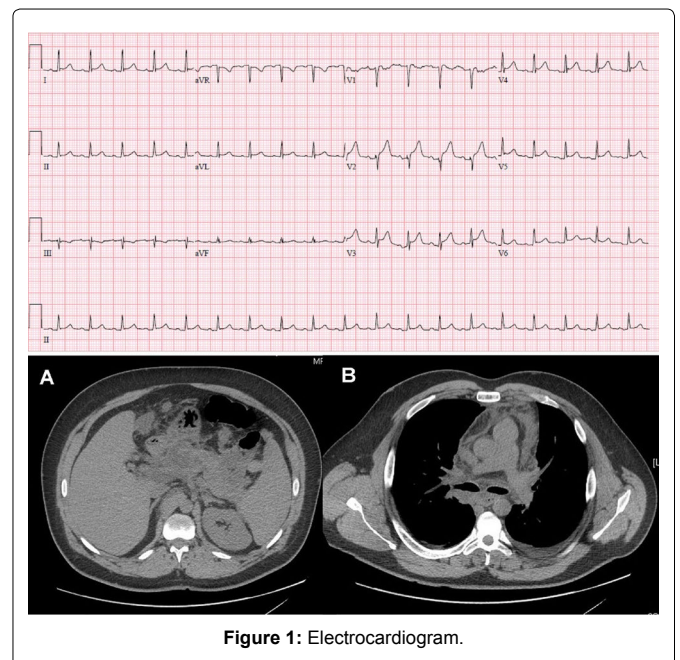


Figure 1: Electrocardiogram.

**Citation:** McIntyre WF, Enriquez A, Michael K, Baranchuk A (2014) Necrotizing Pancreatitis Causing Acute Focal Pericarditis. Int J Clin Cardiol 1:015

**Received:** October 15, 2014; **Accepted:** December 13, 2014; **Published:** December 16, 2014

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