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Clinical-Medical Image

Pancreatic Panniculitis

Matthew Lipinski, DO

Hospitalist in Oklahoma City, Oklahoma and is Affiliated with Mercy Hospital Oklahoma City, USA





Figure 1: Inflammation of panniculitis.

Clinical-Medical Image

A 55-year-old man presented to the hospital with severe epigastric pain. Initial blood work showed lipase 13,953 U/L, BUN 57 mg/dL, hemoglobin 14.9 g/dL. He was aggressively fluid resuscitated. On hospital day #3 he developed a non-pruritic erythematous rash on the distal thigh and leg. Skin biopsy showed lobular panniculitis, with features suggestive of pancreatic panniculitis. These lesions spontaneously resolved after another week of conservative management. His clinical course was later complicated by infected pancreatic necrosis requiring a percutaneous drain.

Panniculitis is inflammation of subcutaneous fat which presents as inflamed nodules or plaques. Common causes include autoimmune disorders, infection, and malignancy. Although pancreatitis is common, pancreatic panniculitis is rare and under acknowledged as causing lobular panniculitis. Tender inflammatory nodules present on the lower extremities, and histopathology shows extensive fat necrosis. Lesions spontaneously resolve as pancreatitis resolves. Recognizing these lesions can help prevent unnecessary testing and treatment (Figure 1).

Keywords: Panniculitis; Nodules; Dermatology

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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*Corresponding author: Matthew Lipinski, DO, Hospitalist in Oklahoma City, Oklahoma and is affiliated with Mercy Hospital Oklahoma City, USA, Tel: + 4057551515; E-mail: mjldo35201@gmail.com

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