

# ***"The Pancreatic Enigma: Chronic Calcific Pancreatitis Reveals a Dark Secret"***

## **Clinical History**

A 45-year-old male, with a long-standing history of chronic alcoholism, presented to our clinic with recurring episodes of severe epigastric pain. The patient, who had previously been diagnosed with multiple episodes of pancreatitis, described his pain as intermittent and debilitating, significantly affecting his quality of life. He reported that the pain often radiated to his back and was occasionally accompanied by nausea and vomiting. Despite numerous attempts at lifestyle modifications and medical management, his symptoms persisted, prompting further investigation.

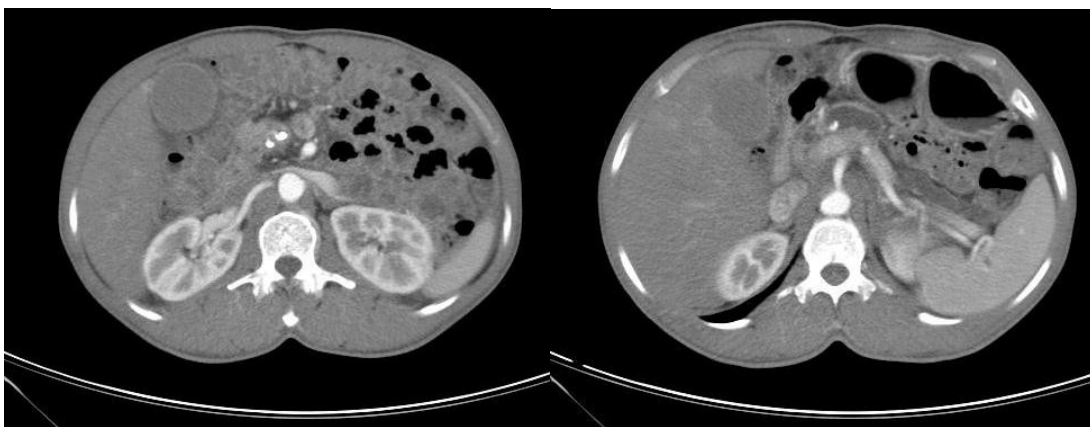
## **Imaging Findings**

### **Initial Assessment**

On initial presentation, an ultrasound (USG) examination revealed classic features of chronic calcific pancreatitis. The main pancreatic duct (MPD) was notably dilated and exhibited both intraparenchymal and intraductal calcifications, predominantly in the pancreatic head.

### **Computed Tomography (CT) Scan**

A subsequent CT scan corroborated the ultrasound findings, revealing



Significant calcifications within the pancreatic head and ductal system.

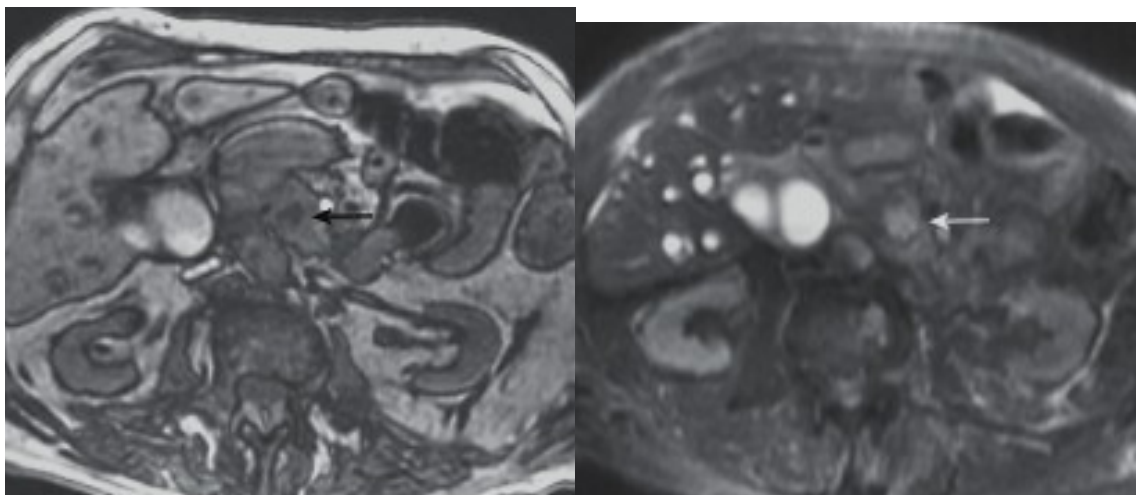
The MPD dilation was more pronounced in the body and tail regions, with no evident abnormally enhancing mass lesions.

Given these findings, the patient was reassured and discharged with medications aimed at managing his symptoms.

### **Follow-Up Investigations**

The patient returned two months later with persistent epigastric pain and new symptoms including weight loss and jaundice, raising clinical suspicion of a more sinister underlying pathology.

1. **Serum CA 19-9:** A marginal elevation in CA 19-9 levels was observed, warranting further investigation.
2. **Endoscopic Ultrasound (EUS):** Despite thorough examination, the EUS did not reveal any additional abnormalities.
3. **Magnetic Resonance Imaging (MRI) of the Abdomen:**



A detailed MR study finally unveiled a small intraductal lesion in the pancreatic head, which was subsequently identified as adenocarcinoma of the pancreas.

### **Discussion**

### **Learning Points**

The clinical case underscores several critical learning points:

1. **Non-uniform Dilation of the MPD:** The MPD does not always exhibit uniform dilation in cases of chronic calcific pancreatitis (CCP). An apparently normal segment of the duct can either be due to focal pancreatitis sparing that region or, more concerning, due to the presence of an undetected malignant lesion causing a pseudo-normal appearance.
2. **Importance of Comprehensive Evaluation:** This case illustrates the necessity of a meticulous diagnostic approach. The calculation of the duct-to-parenchyma ratio, combined with advanced imaging techniques and serum markers, can be pivotal in identifying underlying malignancies masked by chronic inflammatory changes.

### **Conclusion**

This intriguing case of chronic calcific pancreatitis ultimately revealing an underlying adenocarcinoma of the pancreas emphasizes the importance of maintaining a high index of suspicion and employing a comprehensive diagnostic strategy.

***In the shadow of chronic inflammation, cancer can sometimes hide; thorough vigilance is the key to unveiling the unseen.***

***The case has been reported and written up by Dr Praveen Shastry – From Kasturba Hospital, Manipal.***