A Rare Case of Acute Necrotizing Pancreatitis Infected With *Prevotella* Species

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INTRODUCTION

- Acute pancreatitis is one of the leading causes of GI-related hospitalizations in the USA.
- Around 20% of these cases are characterized as severe, leading to complications including necrotizing pancreatitis.[1]
- *Enterococci* are the most-commonly isolated species in infected pancreatic necrosis followed by *Escherichia coli*, with anaerobic bacteria being more rarely involved.[2]
- We present a rare case of acute necrotizing pancreatitis infected with *Prevotella* species in a young patient.

CASE DESCRIPTION

- 28-year-old man with ADHD and HTN presented with acute epigastric pain radiating to the left. Labs pertinent for lipase 3897U/L and triglycerides 2716mg/dL. CT A/P revealed acute interstitial pancreatitis with extensive peri-pancreatic inflammation.
- He was admitted for pain control, IV fluids and insulin. During his stay, he also received plasma exchange for the treatment of hypertriglyceridemia and was discharged upon improvement of symptoms.
- He represented with abdominal pain and was found to have pancreatic walled-off necrosis with gas concerning for superimposed infection (Figure) in addition to gastric outlet and colonic obstruction.
- A percutaneous drain was placed; his course was complicated by sepsis and broad-spectrum antibiotics were initiated. Drain fluid cultures grew moderate *Staphylococcus aureus* and *Streptococcus intermedius*, heavy *Prevotella buccae*, *Prevotella denticola* and *Fusobacterium*.
- Hospital course was further complicated by worsening abdominal pain and distention. Repeat CT revealed increasing colonic and small bowel dilatation due to a stricture in descending colon. Gastroview enema demonstrated a probable fistula tract.
- He underwent percutaneous endoscopic gastrostomy tube placement and creation of a loop transverse colostomy. Post-operatively, the patient was transitioned to oral antibiotics for four additional weeks with planned outpatient follow-up.

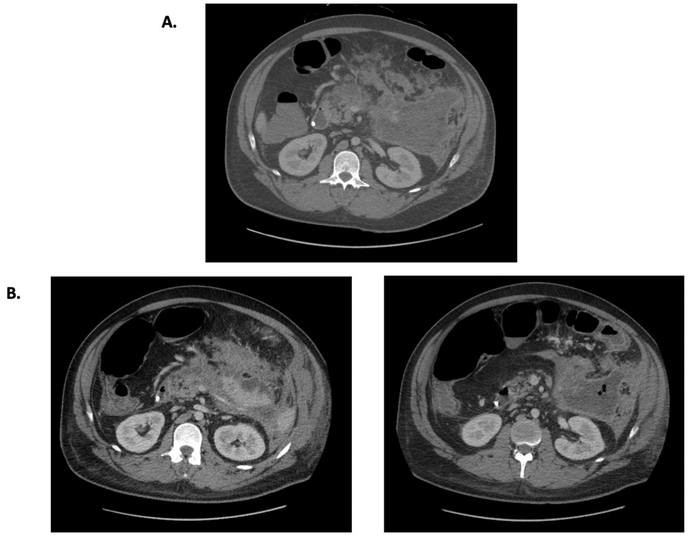

Figure. A. 1st Hospitalization - Necrotizing pancreatitis with large evolving peri-pancreatic walled off necrosis. B. Subsequent Hospitalization - Large evolving peri-pancreatic walled off necrosis with evidence of new gas locules within the collection.

DISCUSSION

- Acute necrotizing pancreatitis, especially if infected, is associated with poor outcomes.
- We highlight a rare case of hypertriglyceridemia-induced pancreatitis complicated by necrotizing infection with heavy *Prevotella* species.
- We demonstrate the importance of early suspicion for complicated acute pancreatitis and the need for early intervention to prevent hospital re-admission and improve the morbidity and mortality associated with infected pancreatic necrosis.

REFERENCES

1. Al Mofleh, IA. *World Journal of Gastroenterology*. 2008;14(5):675-684.
2. Dionigi R, et al. *Surg Infect (Larchmt)*. 2006;7Suppl 2:S49-52.