Gastric Outlet Obstruction Caused by Groove Pancreatitis

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INTRODUCTION

- Paraduodenal or groove pancreatitis is a rare form of chronic pancreatitis
- Area between the pancreatic head, duodenal wall, and CBD, also known as the pancreatic-duodenal groove
- Symptoms: abdominal pain, nausea, vomiting, and weight loss.
- We present a case of a middle-aged man diagnosed with groove pancreatitis complicated by gastric outlet obstruction (GOO)

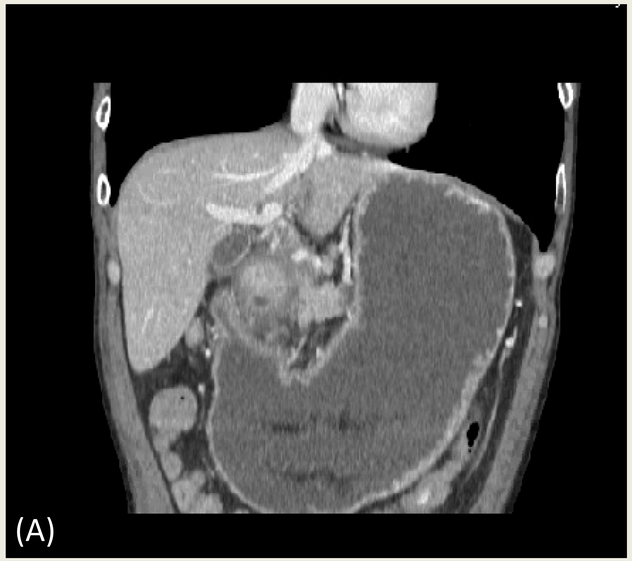
CASE PRESENTATION

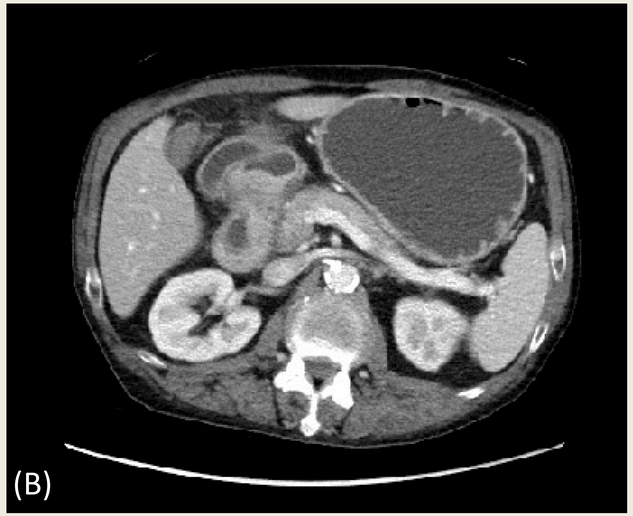
Background:
- 62-year-old male presented with 4-week history of burning epigastric pain, nausea, and non-bloody vomiting
- PMH of HTN, HLD, peripheral vascular disease, COPD, chronic alcohol and smoking use disorder
- 20-pound weight loss over the past few months and recurrent alcoholic pancreatitis, three episodes in the past year
- Labs on admission notable for lipase of 695

Imaging:
- CT abd/pelvis showed dilated stomach (A) consistent with GOO to the level of the pyloric channel, cystic area along the first portion of the duodenal wall (B) and mild fat stranding around pancreatic head

Hospital course:
- Initial differential included perforation secondary to peptic ulcer disease vs. malignancy as the underlying cause of obstruction
- GI consulted and further review of imaging correlated with groove pancreatitis resulting in GOO
- PEG-J placement for venting and post pancreatic enteral feeds

IMAGES





DISCUSSION

- Groove pancreatitis was first described in 1970s
- It is commonly seen in middle aged men and is strongly associated with alcohol and tobacco use
- Underlying etiology is not well understood
- Alcohol and smoking increases the viscosity of the pancreatic juice leading to impaired outflow
- Diagnosis based on CT with contrast or MRI
- Characteristic imaging findings include cystic lesions in the duodenal wall, dilation of Santorini's duct, and hyperplasia of Brunner's gland
- Treatment: conservative management with pain control and nutritional support vs. pancreatoduodenectomy
- Complications such as GOO can be treated with decompression via nasogastric tube and ultimately PEG-J placement

CONCLUSION

- Groove pancreatitis is rare and can lead to gastric outlet obstruction
- Being able to recognize groove pancreatitis on imaging is essential to ensure appropriate management and to avoid unnecessary workup of other, more serious causes of GOO such as malignancy.

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