

Acute pancreatitis following emboli therapy for a posterior fossa AVM

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Dear editor;

We hereby want to report a 19-year-old man who attended the emergency department of our hospital with sudden onset headache and vertigo. Initial neurologic exams were unrevealing, but a brain CT-scan showed a heterogeneous ill-defined mass with mixed density in the posterior fossa. Digitally subtracted angiography was consistent with a multinidus AVM and an associated aneurysm, which made us select him for endovascular treatment. Selective cerebral embolization was performed at our angiography unit using a liquid embolic system (ev3, Irvine, Calif). The patient was admitted at the ICU and delivered to the ward on the subsequent day. The next day in the afternoon, he developed a severe abdominal pain confined to the epigastric region initially which gradually turned generalized. Later he developed nausea and loss of appetite. He reported no history for such a pain or taking up any certain drug prior to the current illness. According to a general surgery consultation, a double-contrast (oral and intravenous) abdominal CT-scan was performed revealing acute pancreatitis, which was confirmed by simultaneous significant elevation of serum amylase levels. The patient underwent medical and supportive therapy for pancreatitis and was finally discharged in a healthy condition. With a careful review of the list of the drugs used for the patient during his hospitalization, we were convinced that probably the embolization material was responsible for this complication.

According to our review of the literature, this is the first report of pancreatitis following cerebral angiographic embolization. Though acute pancreatitis following hepatic embolization has been well documented in the literature [1, 2], its mechanism(s) remained to be explained. Microfragments of the embolizing liquid entering circulation may result in both toxic and ischemic alterations in organs such as pancreas. Endothelial damage due to catheterization and subsequent atheroma plaque emboli may be other causes. However, in our case the latter seems less likely as the pancreatitis developed with a delay and the patient was too young to have significant atherosclerotic vascular disease. We recommend being watchful about this possible complication in the future and reporting similar cases to the literature of neurosurgery.

Conflicts of interest None.

References

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It is certified that this article has not been presented at any conference.

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