

Pancreatic Panniculitis: A Rare Presentation Case

Paniculite Pancreática: Forma de Apresentação Rara

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A 46-year-old man with a personal history of kidney transplantation in 1994 for reflux nephropathy with chronic graft dysfunction.

Admitted with necrotizing pneumonia requiring VATS on 06/2019. He developed lower limb, nodular, erythematous, painful, non-pruritic, bilateral lesions (Fig. 1); biopsy revealed pancreatic panniculitis; he had elevation of serum amylase and lipase (9x upper normal level).¹⁻⁵ No smoking or alcoholic habits.

Readmitted on 08/2019 with progression of the cutaneous lesions which improved with topical betamethasone (Fig. 2).

Despite the absence of acute pancreatitis symptoms, he was placed with total parental nutrition and suspended cyclosporine and diuretics. Radiological studies (ultrasonography, computed tomography scan, pancreatic echoendoscopy and PET scan) showed no alterations compatible with acute/chronic pancreatitis neither pancreatic carcinoma and the serum amylase and lipase decreased to values compatible with kidney disease.^{2,3,5} The authors emphasize the originality of this case given the resolution of symptoms and no findings of pancreatitis nor pancreatic carcinoma.^{1,4,5}

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FIGURE 1. Pancreatic panniculitis in a kidney transplant patient with chronic graft dysfunction.



FIGURE 2. Improvement of skins lesions after treatment.

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