Title: Resistant Pancreatitis and Sarcoidosis

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Acute pancreatitis and sarcoidosis are both commonly treated. However, it's infrequent that acute pancreatitis is followed by a diagnosis of sarcoidosis.

A 34-year-old woman with history of asthma was admitted for complaints of radiating abdominal pain with associated nausea and vomiting. Physical examination was notable for abdominal tenderness to palpation in RUQ and epigastric region of the abdomen. A positive murphy's sign was not appreciated on evaluation. Lipase was greater than 1,400. CMP was significant for mildly elevated ALT of 51, ALP of 685, and serum calcium of 11.5. Triglycerides were slightly elevated to 167. CT abdomen/pelvis obtained on admission was notable for nonspecific sub-centimeter low-attenuation foci in both liver and spleen and subcarinal nodal enlargement. There was peripancreatic fat stranding present, without pancreatic duct dilation or visualized masses.

She was treated with IV fluids and pain medications, but her conditioned worsened. Gastroenterology, consulted for persistent and worsening transaminitis and abdominal pain, recommended repeat imaging including CT and MRI abdomen/pelvis and antibody testing. MRI abdomen/pelvis was notable for hepatic and splenic lesions most compatible with granulomatous disease. CT chest, completed given incidental findings on the CT abdomen, showed bilateral lymphadenopathy and nodules. Given laboratory and imaging findings, sarcoidosis was highest on the list of differential diagnosis. She experienced significant alleviation following trial of systemic steroids recommended by rheumatology for empiric treatment of possible sarcoidosis given elevated ACE w/associated hypercalcemia. She was discharged a few days later with close rheumatology and pulmonary follow up. Outpatient EBUS was completed with findings consistent with the diagnosis of sarcoidosis.

This case highlights the possibility of acute pancreatitis leading to a new diagnosis of sarcoidosis. Though rare, it's important to consider sarcoidosis in a patient with resistant pancreatitis. Recognizing the association between pancreatitis and sarcoidosis, often in the absence of elevated lipase/amylase, is critical to providing appropriate care and treatment to patients in a timely manner which results in better clinical outcome.