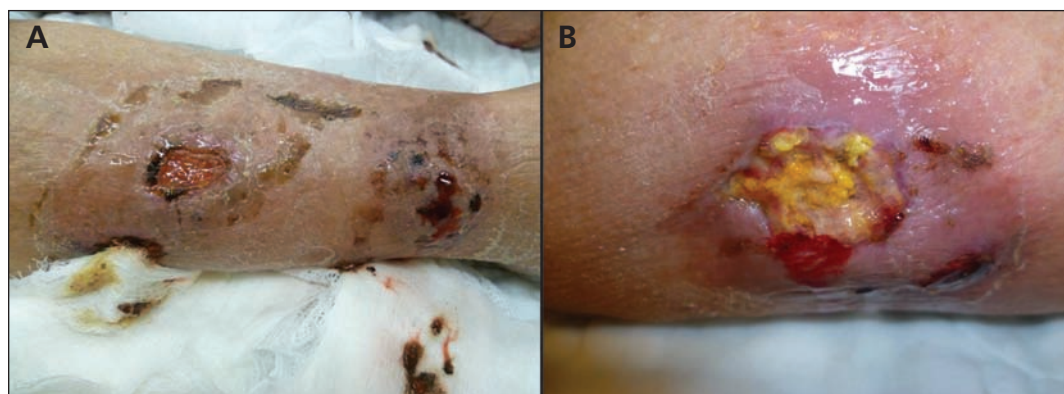


## CLINICAL IMAGES

## Pancreatic panniculitis

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**Figure 1: (A) Painful, ulcerated subcutaneous nodules on the lower leg of a 66-year-old woman. (B) A nodule on the lower leg exuding an odourless, oily brownish-yellow fluid.**

A 66-year-old woman presented to the emergency department with a one-month history of painful sores on her lower legs that had developed while she was vacationing in Mexico. She was otherwise asymptomatic. Her medical history was significant for alcohol dependence.

The patient looked well and was afebrile. She had several large fluctuant, erythematous nodules measuring 1–3 cm in diameter on her lower legs (Figure 1). Some of the nodules were ulcerated and were draining an odourless, oily brownish-yellow fluid. Testing for serum lipase level, nodule biopsies and tissue cultures were done to confirm the clinical diagnosis of panniculitis (inflammatory disease involving the subcutaneous fat).

Laboratory investigations showed a lipase level greater than 3000 (normal 73–393) U/L, and abdominal computed tomography showed a serous cystadenoma of the pancreas and pancreatitis. Skin histopathology was pathognomonic of pancreatic panniculitis: lobular panniculitis with extensive fat necrosis and saponified fat.<sup>1–3</sup>

Panniculitis has multiple causes, including infections, medications, trauma and diseases of the connective tissue.<sup>3</sup> Panniculitis is most commonly idiopathic, or caused by streptococcal infections

and other infections such as viruses of the upper respiratory tract and *Mycobacterium tuberculosis*.<sup>2</sup> In a patient with panniculitis who had travelled to Mexico, the main differential diagnosis would be infection, including atypical mycobacteria and deep mycosis. Pancreatic panniculitis is rare, with fewer than 150 case reports in the literature.<sup>1</sup>

Pancreatic panniculitis affects 2%–3% of patients across a range of pancreatic disorders.<sup>1</sup> Its lesions often occur on the lower legs as tender, erythematous red-brown nodules that may ulcerate and drain an oily fluid.<sup>2</sup> Dermatologic findings precede the diagnosis of pancreatic disease 40% of the time, generally by one to seven months.<sup>1,3</sup> The patient underwent pancreaticoduodenectomy and cholecystectomy, and stopped drinking alcohol; her nodules resolved as her lipase level returned to normal. This is a dramatic example of how lesions of the skin can be the first sign of a serious undiagnosed disease.

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