Images in Clinical Medicine

Spontaneous erosion of peripancreatic catheter into the duodenum: an unforeseen complication of percutaneous drainage

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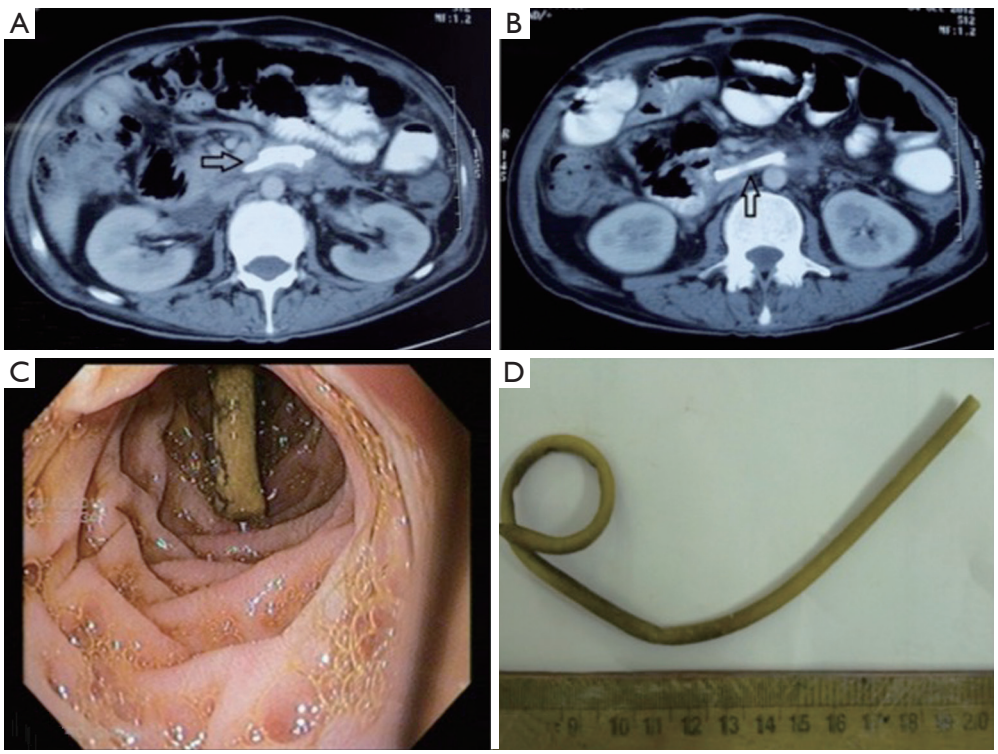

A 45-year-old male sustained traumatic grade 4 pancreatic injury. He was initially managed at a tertiary hospital with multiple percutaneous drains followed by open necrosectomy. He presented to our hospital after 4 weeks with recurrent epigastric pain. CECT revealed a radio-opaque tube in the intrapancreatic region. Contrast enhanced computed tomography revealed a radio-opaque tube (arrow) in the intrapancreatic retroperitoneum anterior to aorta (Panels A,B). On retrospective questioning, he gave history of accidental removal of one drain prior to index surgery. During gastroduodenoscopy, the proximal part of drain was visualized in third part of duodenum (Panel C) and was removed endoscopically with a foreign body grasper (Panel D). The patient had a stable post procedure course.

Drain shortening with ends placed inside a colostomy bag to avoid peri-drain skin excoriation, is practiced when

multiple drains are utilised especially in a "step up approach" for pancreatic necrosis. Increasing awareness among surgeons, interventional radiologists and nurses regarding meticulous inspection of inadvertently removed drains aids in avoiding these complications.

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Footnote

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