

EP-213 - ACQUIRED IMMUNODEFICIENCY IN SEVERE ACUTE PANCREATITIS – A CASE REPORT

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Case report: A 72-year-old woman with arterial hypertension was admitted to intensive care unit with severe acute biliary pancreatitis scoring 6 and 23 points in Ranson and APACHEII scores, respectively, at 48 hours.

A computed tomography (CT) scan was performed with no local complications. Taking in consideration the important SIRS, piperacillin/tazobactam was prescribed with later isolation of *Raoultella planticola* in blood cultures. After two weeks, due to unfavourable evolution, a new CT scan showed necrotizing pancreatitis and hydropneumoperitoneum suggesting intestinal perforation. The patient was submitted to segmental resection of the ileum and the antibiotic-spectrum was widened. Due to persistent shock, a chest CT was performed showing pulmonary consolidation with air bronchogram. *Aspergillus* spp was isolated in the bronchoalveolar lavage. On the third week, the patient developed upper and lower gastrointestinal bleeding with persistent need for blood transfusion. The endoscopic evaluation revealed duodenal ulcers compatible with cytomegalovirus enteritis, which was confirmed by biopsy and the patient was started on ganciclovir. Although all the applied measures, there was an adverse evolution with multiple nosocomial infections and the patient died at the sixty-eighth day of hospitalization.

Authors' motivation: Acute pancreatitis (AP) has an unpredictable evolution from a self-limited resolution to a necrotizing form as a life-threatening condition. At a first stage there is a rampant systemic inflammatory response syndrome (SIRS) which can trigger off a compensatory anti-inflammatory response associated to a susceptible immunodeficiency state. We present a case of an immunocompetent patient who develops a set of opportunistic infections which seem to be the result of immune exhaustion present in severe AP. About 50% of necrotizing AP is complicated by mesenteric ischemia. Ileum is the most commonly infarcted segment with an unknown incidence of intestinal perforation that clinicians must be aware of.