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AUTHORS

Chamberlain SL^a; Ackermann T^b; Naqash N^a

CORRESPONDING AUTHOR

Stacey Chamberlain, MD
UGI and HPB Surgery
Monash Health
Clayton VIC3168
Australia
Email: drstaceychamberlain@gmail.com

AUTHOR AFFILIATIONS

a. Upper GI and Hepatobiliary Surgery
Monash Health
Clayton VIC 3168, Australia

b. Hepatobiliary and General Surgery
Monash Health
Clayton VIC 3168, Australia

BACKGROUND	<p>Background text describing the clinical case, including patient history, physical examination, laboratory findings, and imaging studies. The text is partially obscured by a watermark.</p>

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

The authors have no conflicts of interest to disclose.

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The authors have no relevant financial relationships or in-kind support to disclose.

Case Discussion

A 74-year-old male with a history of hypertension, hyperlipidemia, and type 2 diabetes mellitus presented to the emergency department with acute onset of severe epigastric pain radiating to his back. The pain was constant and worsened with deep inspiration. He also reported nausea and vomiting of bile. He had no fever, chills, or diarrhea. His last meal was a sandwich and a glass of milk 4 hours before the onset of symptoms. He had no recent travel, alcohol consumption, or medication changes.

On arrival, his vital signs were stable. Physical examination revealed a rigid abdomen with tenderness in the epigastric region. Laboratory studies showed a white blood cell count of 12,000 /mm³ (4.0-11.0 /mm³), serum amylase of 115 U/L (0-5 U/L), and serum lipase of 117 U/L (30-110 U/L). A computed tomography (CT) scan of the abdomen with intravenous contrast revealed a 4.5-cm pancreatic mass in the head of the pancreas, causing mild dilatation of the main pancreatic duct. There was no evidence of biliary obstruction or distant metastasis. The findings were consistent with a pancreatic adenocarcinoma.

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Initial management included intravenous fluids, pain control with morphine, and antiemetics. The patient was admitted to the medical intensive care unit for further evaluation and management. The CT scan findings were consistent with a pancreatic adenocarcinoma.

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