A 56-year-old female with an 11-year history of RA on methotrexate developed acute pancreatitis. She was admitted to the hospital with abdominal pain, nausea, and vomiting. Physical examination revealed tenderness in the right upper quadrant and a mildly distended abdomen. Laboratory tests showed leukocytosis, elevated liver enzymes, and amylase levels. An abdominal CT scan revealed peripancreatic fluid collections measuring up to 14 cm in size. A nasojejunal feeding tube was inserted due to the patient’s inability to tolerate oral intake.

The patient’s condition worsened, with hypotension requiring fluid resuscitation. Despite conservative management, including somatostatin analogues and total parenteral nutrition, the patient developed persistent abdominal pain. An urgent CT scan showed worsening peripancreatic fluid collections. The patient underwent an ERCP with stent placement. The patient continued to have persistent pain and was discharged home on jejunal feeding to follow up in the outpatient clinic with further imaging.

Conclusions: This case highlights the importance of early recognition and aggressive management of acute necrotizing pancreatitis. Multidisciplinary approach involving gastrointestinal surgeons, interventional radiologists, and gastroenterologists is crucial to provide optimal care for these critically ill patients.