A Rare Presentation of an Acute Type a Aortic Dissection Disguised as Acute Pancreatitis

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INTRODUCTION: Acute pancreatitis (AP) and acute aortic dissection (AAD) are medical emergencies that must be promptly recognized to avoid the development of life-threatening complications. Both of these diseases can present with chest or epigastric pain which can radiate to the back, thus early suspicion based on clinical presentation and risk factors is essential. We present the case of an AAD that was initially misdiagnosed as acute pancreatitis.

CASE DESCRIPTION/METHODS: A 56-year-old man with a history of alcohol abuse presented with 1 day of diffuse abdominal pain, nausea, and vomiting. His lipase was 3909 U/L and creatinine 2.19 mg/dL and was diagnosed as acute alcoholic pancreatitis with acute kidney injury. A non-contrast computed tomography (NCCT) scan of the abdomen showed aortic calcifications. He received 3.8 liters of fluids after which he developed acute respiratory distress requiring intubation. A workup for ECMO was initiated given the suspicion of acute respiratory distress syndrome due to pancreatitis which revealed an AAD with severe aortic regurgitation on transthoracic echocardiography. CT angiogram showed type A AAD (Figure 1) involving the aortic root, ascending aorta, descending aorta, supra- and infrarenal abdominal aorta with a patent celiac axis (Figure 2), SMA, and IMA. The patient underwent type A dissection repair with mechanical aortic valve replacement and survived the acute event. His AP resolved and was discharged home with appropriate follow up.

DISCUSSION: AP is rarely associated with AAD with only 11 documented cases, the exact mechanism not fully elucidated. AAD involving arteries to the pancreas is thought to cause hypoperfusion leading to secondary to AAD is rare but a high index of suspicion is required for diagnosis.

A Rare Case of Raoultella planticola-Associated Spontaneous Bacterial Peritonitis in a Patient With Decompensated Cirrhosis

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INTRODUCTION: Raoultella planticola (RP) is a rare human pathogen, the incidence and prevalence of which is likely underreported due to its frequent misidentification as a Klebsiella species. To our knowledge, three cases have been reported of RP causing peritoneal infections. We present a case of RP causing spontaneous bacterial peritonitis (SBP) in a patient with decompensated cirrhosis, the first case of RP infection in a patient with cirrhosis secondary to nonalcoholic steatohepatitis (NASH).

CASE DESCRIPTION/METHODS: A 58-year-old female patient with cirrhosis presented with acute and abdominal pain. Medical history is significant for multiple sclerosis, gastric bypass surgery, breast cancer status post lumpectomy, chemo and radiation 10 years prior, with recent diagnosis of cirrhosis due to NASH (biopsy confirmed). On presentation, the patient was afebrile, markedly hypotensive, hypokalemic, neutropenic (WBC...