

## Acute pancreatitis in COVID-19: a case report

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### Background

The infection of COVID-19 is predominantly a respiratory illness, but gastrointestinal manifestations of variable severity have been reported. A higher proportion of idiopathic acute pancreatitis (AP) among patients with COVID-19 was detected. We report a case of a patient infected with Sars-Cov2 who presented with AP without any other risk factors.

### Case report

A 65-year-old woman with a medical history of colon cancer, who underwent left ureteral stent placement after colostomy, was admitted to the hospital complaining fever and abdominal pain. CT scan showed infected hydronephrosis. The stent was removed, and a nephrostomy was placed. During hospitalization, she tested positive for Sars-Cov2. She had no respiratory manifestations, but during the following days

she described abdominal pain associated with episodes of vomiting and diarrhea. Her laboratory tests showed elevated level of lipases and amylase enzymes. CT scan of the abdomen demonstrated per pancreatic fat infiltration around the pancreatic head and body without hemorrhage or necrosis, confirming the diagnosis of AP. Later the patient presented with sepsis-associated hypotension shock requiring different treatment (fluid, vasopressor) to restore organs perfusion, but in the end, the patient died of cardiac arrest.

### Conclusions

Patients with AP and coexistent SARS-CoV-2 infection are at increased risk of severe AP, worse clinical outcomes, prolonged hospital stay and high mortality. There is a need for further more robust studies to find out the incidence of AP in COVID-19 infection and its outcomes.