Objective: best management evaluation of late phase alcoholic acute pancreatitis with pseudocyst erosion into splenic capsule.

Methods: 58 years old man, with an history of heavy smoke and alcohol consumption, was admitted last February for edematous acute pancreatitis evolving with pancreatic tail pseudocyst of about 6.5x4.5 cm. Admittance severity assessment was borderline for SAP (severe acute pancreatitis) because of positive SIRS criteria (endorsed by IAP guidelines), negative SOFA (Atlanta 2012) and Balthazar grade E (multiple fluid collection on CT scan without necrosis). Consequently patient was not admitted to ICU and, apart for MDCT, was further investigated with MRCP (no gallstones, sludge, biliary tree dilation) and pancreato-biliary EUS with FNA.

Results: while patient was at home on permission he felt, seven weeks after onset, abrupt abdominal and thoracic pain with systemic manifestations (tachycardia) and Apache II score at re-admittance of 12. Novel MDCT showed splenic subcapsular haematoma with parenchymal tear and subfrenic free fluid. There were no criteria for radiologic haemostasis attempt and, due to clinical and CT evidence, patient underwent surgery, with confirmation of splenic rupture due to pancreatic tail pseudocyst eroding onto splenic capsule and splenic hilum. Post-operative course wasn't complicated, except for need of early transfusions (Dindo-Clavien II); also, fear of pancreatitis recrudescence and/or pancreatic fistula, conditioned food intake and drain removal with discharge on post-operative day 8.

Conclusions: spleen rupture secondary to late acute pancreatitis with pseudocyst eroding spleen capsule is fairly an uncommon medical condition (about 0.4% in a French cohort of 500 pancreatitis edited by Belghiti). Nevertheless there is still some attention in literature, despite few papers in English found on PubMed, with some recent publications. Still, there is room for further debate about optimal management of these fragile post-acute patients, both before complication and after operation, in the view of ERAS philosophy.