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Candle wax fat necrosis in acute hemorrhagic pancreatitis

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Image in medicine

Acute hemorrhagic pancreatitis may be accompanied by extensive enzymatic fat necrosis. We report a characteristic intraoperative finding of “candle-wax” lesions, corresponding to waxy deposits of saponified fat on the omentum and mesentery. A 31-year-old man with a history of alcohol consumption and a body mass index of 28

kg/m^2 was admitted with a 48-hour history of acute abdominal pain. On presentation, he exhibited hemodynamic shock, marked cutaneomucosal pallor, and abdominal guarding. Initial laboratory tests showed anemia (hemoglobin 8 g/dL), normal blood glucose, elevated urea and creatinine, and markedly increased serum lipase. Abdominal ultrasonography revealed intraperitoneal fluid without evidence of biliary lithiasis. In this context, a diagnosis of alcohol-induced acute pancreatitis was established, with a perforated gastric ulcer as the main differential diagnosis. Initial management included hemodynamic stabilization and antacid therapy, followed by an emergency exploratory laparotomy. Intraoperatively, a large hematic effusion was evacuated, and the pancreas appeared markedly edematous and hemorrhagic. Multiple whitish plaques were observed on the omentum and mesentery, displaying the classic "candle-wax" appearance consistent with enzymatic fat necrosis. The procedure was completed with thorough peritoneal lavage and placement of lamellar drains. The early postoperative course was marked by severe oligo-anuric renal failure. This distinctive pattern represents a rare but highly informative manifestation of fat necrosis in severe acute pancreatitis. Its intraoperative identification carries important diagnostic and educational value.

Figure 1: A) intraoperative view showing candle-wax deposits of enzymatic fat necrosis on the omentum and; B) the mesentery

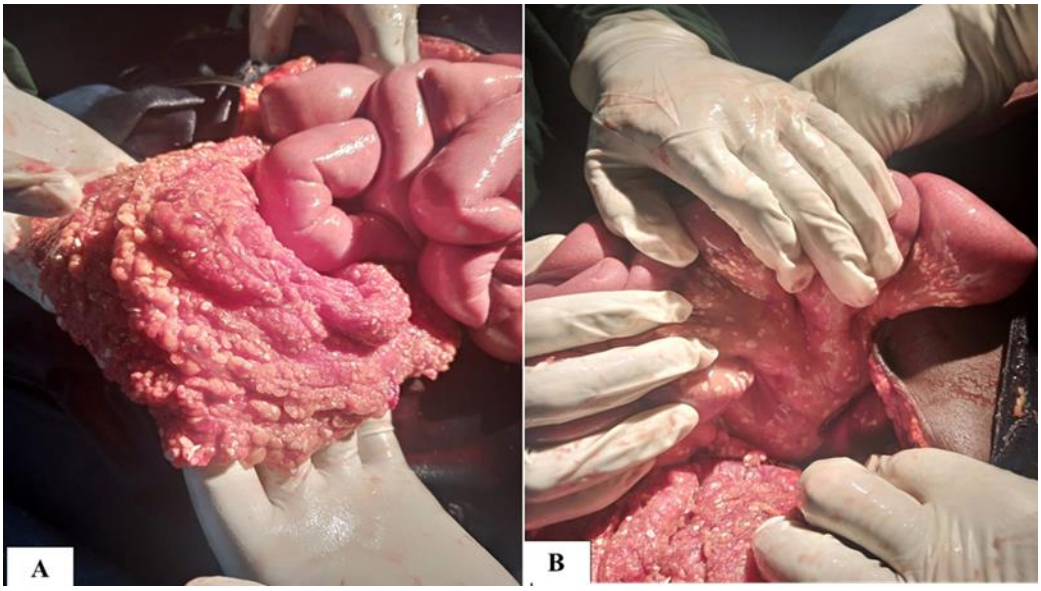


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