Dear Editor,

Recurrent acute pancreatitis (RAP) as a long-term complication of congenital choledocal cyst (CCC) surgery is a rare clinical entity whose aetiology and treatment are currently being debated.

Case report

We report the case of a 55-year-old woman who underwent surgery for type IC (as classified by Todani) in 2002. Since 2006, she was hospitalized eight times for acute pancreatitis (Balthazar A-E). She also suffered episodes of recurrent abdominal pain. The CT scan showed pancreatic inflammatory signs and the presence of a residual terminal common bile duct, confirmed by MRCP (Fig. 1). On three occasions, endoscopic papillotomy with curative intent was performed, but it was ineffective. With the emergence of a new episode in early 2011, it was decided to perform surgery. Electively, it was done a complete resection of the intrapancreatic cyst and trans-duodenal sphincteroplasty. Intracystic amylase concentration was 15,420 IU/L. The medical discharge was given on the sixth postoperative day without incident. Histopathological study confirmed
intrapancreatic common bile duct in two patients. This has been the most used option by different authors (4,6,7,9,10).

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References