PANCREATIC AND HEPATOBILIARY DISORDERS ASSOCIATED WITH POSTERIOR REVERSIBLE ENCEPHALOPATHY AND REVERSIBLE VASOCONSTRICTION SYNDROME

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OBJECTIVES: To present case reports that demonstrate causes of posterior reversible encephalopathy (PRES) and reversible vasoconstriction.
METHODS: Case reports.
RESULTS: We report 2 patients with gastrointestinal disorders associated with neurological syndromes.
Case 1: 62 year-old female smoker with no prior neurological history developed abdominal pain, nausea; followed three days later by headaches, dizziness, and difficulty walking. Admission CT head showed parenchymal hematoma, subdural and subarachnoid blood. CT angiogram of the brain and cerebral angiogram showed multifocal narrowing of the anterior cerebral arteries. Hypercoagulable studies were negative as was a search for systemic or CNS inflammation. CT of the abdomen showed biliary obstruction and endoscopic ultrasound revealed a dilated common bile duct with stones. Transaminases were mildly elevated with no jaundice. The patient underwent extraction of the stones. Her neurological symptoms resolved. Repeat CTA showed resolution of the multifocal narrowing.
We believe that our patient had choledocholithiasis associated with reversible vasoconstriction.
Case 2: 54 year old female with past history of pancreatitis developed abdominal pain, nausea, and vomiting, diagnosed with pancreatitis treated with aggressive IV hydration, vasopressors and antibiotics. She remained altered. MRI brain showed changes suggestive of PRES. EEG showed generalized slowing and CSF studies were negative. She remained encephalopathic for about six weeks with gradual return to normal mental status and resolution of PRES on repeat MRI brain.
We believe that our patient had recurrent severe pancreatitis associated with PRES that resolved with supportive treatment.
CONCLUSIONS: PRES and reversible vasoconstriction can be associated with pancreato-hepatobiliary disorders.