Severe infection with *Campylobacter jejuni* in a 8 year old child

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Case description:

A 8 years old female, known with minor thalassemia, was admitted to our hospital with a 24 hours history of :

- fever
- diffuse abdominal pain
- watery diarrhea
- vomiting

Blood tests :

- leukocytosis(30,000/mm³)with neutrophilia
- anemia (Hb 10,8 g/dl)
- systemic inflammatory response (CRP = 183 mg/l)

Stool culture detected **Campylobacter jejuni** .

Treatment:

- Ceftriaxone (later changed due to allergic reaction to Ertapenem)
- Symptomatic treatment.

Favorable evolution under treatment...

...until **day 10** of treatment when she suddenly developed:

- upper abdominal pain
- vomiting
- with no fever

Surgical consult and abdominal ultrasound (US) showed no abnormalities.

Blood tests:

- high pancreatic enzymes
(**lipase - 6356 U/l, amylase - 717 U/l**)

Suggesting the diagnostic of **acute pancreatitis**.

Another abdominal ultrasound show :

- heavily distended gallbladder

CT- scan without contrast showed no modifications of the pancreas.

Gastroenterology consult:

- Octeotride for 5-7 days
- Alimentary diet

Dynamic CT-scan evaluation, echography and blood tests that showed pancreatic enzyme variations but with a slow favorable evolution.

Discussions:

- Pancreatitis caused by *Campylobacter jejuni* enteritis is **rare**.
- But when the patient develops upper abdominal pain or increased levels of pancreatic enzymes not consistent with the course of gastroenteritis then concomitant **pancreatitis** needs to be considered.

Conclusion:

- *Campylobacter jejuni* is a frequently detected bacteria in diarrheal disease in children, causing usually autolimitant enteritis in immunocompetent patients.
- The particularity of the case is in the rare complication (pancreatitis) of an enteritis with *Campylobacter jejuni* in a immunocompetent 8 year old child.