A 45-year-old male sustained traumatic grade 4 pancreatic injury. He was initially managed at a tertiary hospital with multiple percutaneous drains followed by open necrosectomy. He presented to our hospital after 4 weeks with recurrent epigastric pain. CECT revealed a radio-opaque tube in the intrapancreatic region. Contrast enhanced computed tomography revealed a radio-opaque tube (arrow) in the intrapancreatic retroperitoneum anterior to aorta (Panels A, B). On retrospective questioning, he gave history of accidental removal of one drain prior to index surgery. During gastroduodenoscopy, the proximal part of drain was visualized in third part of duodenum (Panel C) and was removed endoscopically with a foreign body grasper (Panel D). The patient had a stable post procedure course.

Drain shortening with ends placed inside a colostomy bag to avoid peri-drain skin excoriation, is practiced when...
multiple drains are utilised especially in a “step up approach” for pancreatic necrosis. Increasing awareness among surgeons, interventional radiologists and nurses regarding meticulous inspection of inadvertently removed drains aids in avoiding these complications.

**Acknowledgements**

None.

**Footnote**

Conflicts of Interest: The authors have no conflicts of interest to declare.

Informed Consent: Written informed consent was obtained from the patient for publication of this article and any accompanying images. A copy of the written consent is available for review by the editor-in-chief of this journal.

**Cite this article as:** Noushif M, Chandra A, Gupta V, Kumar S, Rahul R, Hatimi H. Spontaneous erosion of peripancreatic catheter into the duodenum: an unforeseen complication of percutaneous drainage. HepatoBiliary Surg Nutr 2016;5(3):273-274. doi: 10.21037/hbsn.2016.03.01