The patient is a 46-year-old male who had undergone cholecystectomy and had been previously hospitalized due to mild acute pancreatitis. He was readmitted a few weeks later due to recurrent symptoms. CT scan (Fig. 1) showed severe acute pancreatitis with enhancement in “flashes” throughout the entire pancreas in the arterial phase and associated early portal filling. Arteriography (Fig. 2) demonstrated a high-flow, diffuse arteriovenous malformation at the expense of gastroduodenal and splenic artery branches. Once the pancreatitis episode had been resolved, definitive treatment was considered. We decided on a combined procedure using embolization followed by total pancreatectomy and splenectomy 48 h later. The postoperative progress was favorable and the patient was discharged on the sixteenth day.