

PSUEDOCYST OF PANCREAS

CASE OF THE WEEK

CLINICAL PRESENTATION

- A 40 year old male referred to our radiology department for ultrasound abdomen with complaints of :

1. Epigastric swelling since 10 days.
2. Pain abdomen since 1 week.
3. Weight loss.

Past history of tuberculosis 1 year back (defaulter).

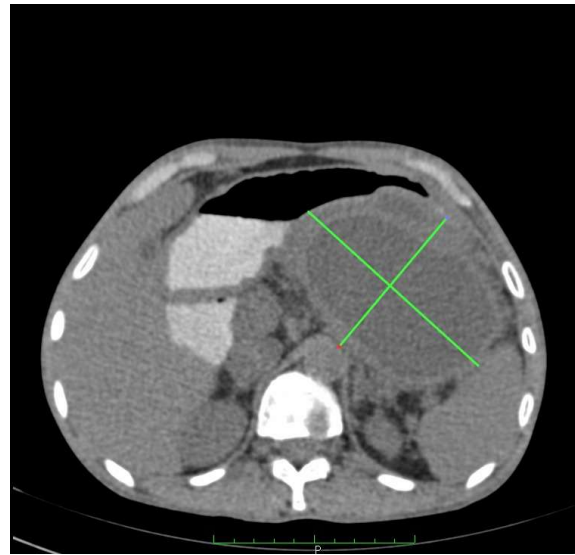
Known alcoholic.

USG REVEALED

- A large well defined cystic collection measuring 15 x 12 x 8 cms with surrounding thick wall noted in the epigastrium - likely pseudocyst of pancreas/ cold abscess.



On plain CT abdomen film, collection is seen like this.



CECT abdomen was done.



ARTERIAL PHASE



PORTAL PHASE

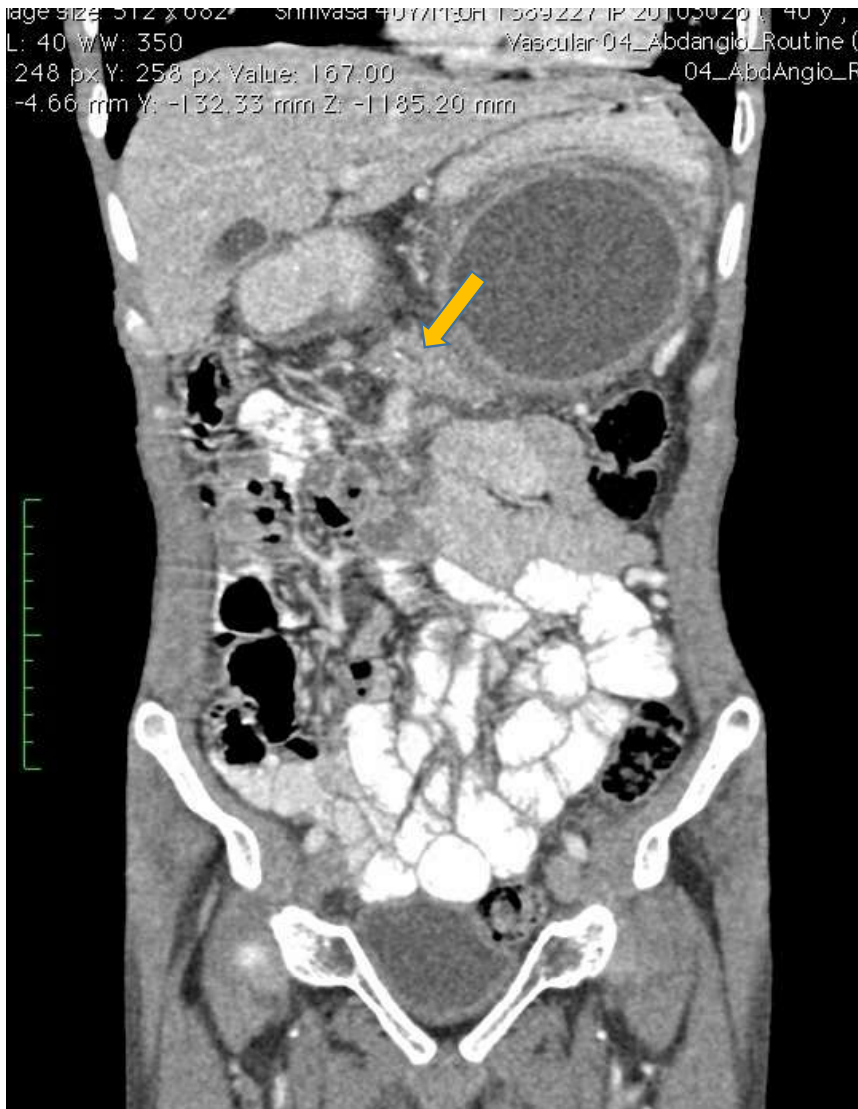


VENOUS PHASE

- Well defined collection measuring 11.4 x 8.5 x 8.4 cms (AP x TR x CC) with thick enhancing wall noted in the lesser sac extending into the posterior wall of stomach with contained rupture component measuring 4 x 2.5 cms with breach in the antero-superior wall of the collection.
- Pancreatic parenchyma appears thin with multiple intraparenchymal calcification noted in the head, body & uncinate process. Main pancreatic duct is dilated measuring 4 mm. However no peripancreatic fat stranding is seen.
- Portal vein & superior mesenteric vein are dilated measuring 13 & 12 mm respectively with narrowing of splenic vein at its confluence.
- Periportal, peripancreatic, gastrosplenic & splenorenal collaterals are noted.



CT images showing breach in the antero-superior wall of the collection.



CT Coronal image showing pancreas and calcifications.

CT REPORT

- A large heterogenous hypoattenuating thick-walled lesser sac collection, on post contrast images the wall shows homogenous enhancement. The collection is extending into posterior wall of stomach with contained rupture - walled off necrotic collection.
- Features of chronic pancreatitis.
- Features of portal hypertension with collateralization secondary to narrowing of splenic vein at its confluence.

DIFFERENTIALS

1. Pseudocyst of pancreas.
2. Peripancreatic collection of acute pancreatitis.
3. Cold abscess.
4. Mesenteric/gastric duplication cyst.

Pancreatic pseudocyst superimposed on pancreatic pseudocyst

- Incidence : 10- 15% of all the pancreatic cysts.
- Pseudocyst can occur in association with chronic pancreatitis as chronic pseudocyst or can result from acute/ chronic exacerbation of pancreatitis.

* Reference: Young H. Kim, et al, Imaging diagnosis of cystic pancreatic lesions, RadioGraphics 2005; 671-85.