

Analysis of 50 Cases of Pancreatic Pseudocyst in a Rural Medical College Hoskote

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Abstract

Pseudocyst is commonly seen around the pancreas in retroperitoneal region. We made an observation of a group of patients diagnosed with pancreatitis due to various etiologies and their presentation as pseudo cyst. Radio diagnosis CECT abdomen has helped in establishing the diagnosis and also in siting the rare site of presentation of pseudo cyst or its extension.

Keywords: Acute Pancreatitis; Pancreatic Pseudocyst.

Introduction

The incidence of acute pancreatitis (AP) has increased during the past 20 years. AP is responsible for more than 300,000 hospital admissions annually in the United States. Most patients develop a mild and self-limited course; however, 10% to 20% of patients have a rapidly progressive inflammatory response associated with prolonged length of hospital stay and significant morbidity and mortality.

A common complication of inflammatory, traumatic and neoplastic conditions of the pancreas is pseudo cyst formation, with a cavity lined by granulation or fibrous tissue without an epithelial lining, containing pancreatic enzymes and located in the peri pancreatic areas in the abdomen.

Pancreatic pseudo cysts occur in 5% to 15% of patients who have peri pancreatic fluid collections

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after AP. By definition, the capsule of a pseudo cyst is composed of collagen and granulation tissue and it is not lined by epithelium. The fibrotic reaction typically requires at least 4 to 8 weeks to develop. The diagnosis is corroborated with by CT or MRI. EUS with FNAC is indicated for patients in whom the diagnosis of pancreatic pseudocyst is not clear. Characteristic features of pancreatic pseudo cysts include high amylase levels associated with the absence of mucin and low carcinoem-bryonic antigen (CEA) levels.

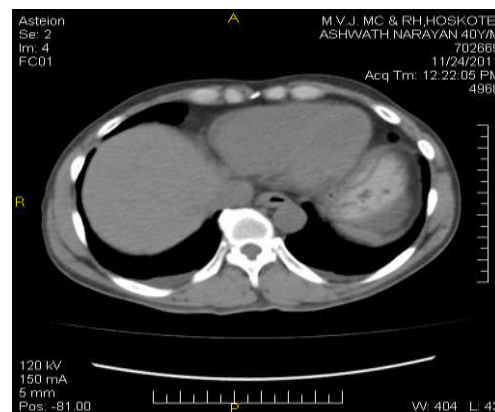


Fig. 1: Image showing Peri splenic pseudocyst

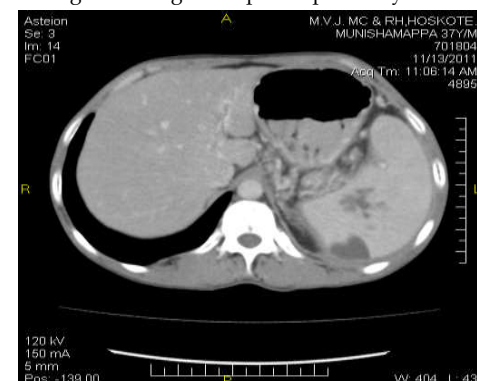


Fig. 2: Image showing Peri Hepatic Pseudocyst

Table 1: Patient diagnosed with pseudo cyst at unusual site

Sl. No	Name	Age	Sex	Site
1	Anand	35	Male	Mediastinal
2	Anjinappa	35	Male	Right lobe of liver (Peri Hepatic)
3	Appaiah	61	Male	Lesser sac
4	Ashwath narayan	40	Male	Peri Splenic
5	Balaraj	29	Male	Lesser sac
6	Chand Pasha	50	Male	Sub hepatic
7	Eramma	65	Female	Mediastinal
8	Girish	28	Male	Sub hepatic
9	Jogesh	30	Male	Mediastinal
10	Jyothi	20	Female	Lesser sac
11	Krishnappa	35	Male	Mediastinal
12	Krishnappa	50	Male	Lesser Sac
13	Krishnappa	62	Male	Lesser sac
14	Lakshamma	38	Female	Sub Diaphragmatic
15	Mahadev	28	Male	Sub hepatic
16	Manjunath	22	Male	Lesser sac
17	Manohar	23	Male	Peri Splenic
18	Munianjinappa	55	Male	Lesser sac
19	Muniraju	35	Male	Lesser sac
20	Munishamappa	37	Male	Peri Splenic
21	Munivekat gowda	22	Male	Left renal (Peri Renal)
22	Narayan	50	Male	Mediastinal
23	Prakash	45	Male	Mediastinal
24	Sathish	45	Male	Mediastinal
25	Shankuthala	22	Female	Para renal (Peri Renal)
26	Shilpa	17	Female	Lesser sac
27	Venkatesh	36	Male	Lesser sac
28	Venugopal	52	Male	Lesser sac
29	Shankar	54	Male	Left para renal
30	Anjinappa	45	Male	Lesser sac
31	Sashikala	35	Female	Peri Splenic
32	Chikkathirumalappa	48	Male	Diaphragmatic
33	Maddurappa	55	Male	Sub hepatic
34	Ramesh	36	Male	Sub hepatic
35	Vodivelu	25	Male	Diaphragmatic
36	Anand babu	34	Male	Lesser sac
37	Anand kumar	43	Male	Lesser sac
38	Syed baksh	32	Male	Peri Splenic
39	Rajanna	42	Male	Diaphragmatic
40	Sathyanarayan	38	Male	Sub hepatic
41	Muniraju	46	Male	Sub hepatic
42	Munikrishnappa	45	Male	Lesser sac
43	Savithramma	55	Female	Lesser sac
44	Babu	26	Male	Lesser sac
45	Nagamani	19	Female	Lesser sac
46	Rajesh	28	Male	Sub hepatic
47	L venkatesh	35	Male	Lesser sac
48	Chandrappa	28	Male	Lesser sac
49	Gopal	38	Male	Lesser sac
50	Munirajappa	55	Male	Sub hepatic

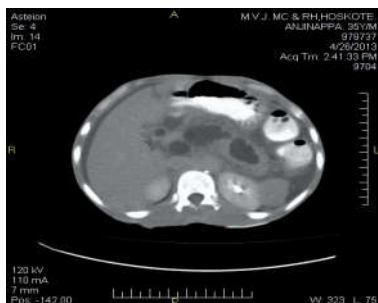


Fig. 3: Image showing diaphragmatic pseudocyst



Fig. 4: Image showing mediastinal pseudocyst

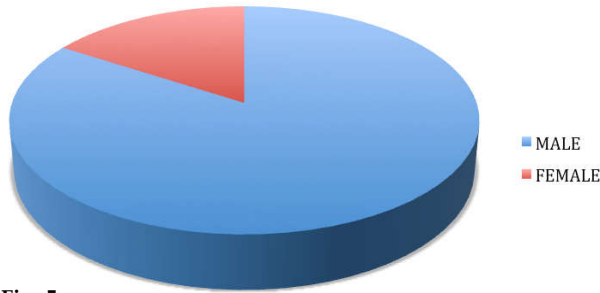


Fig. 5:

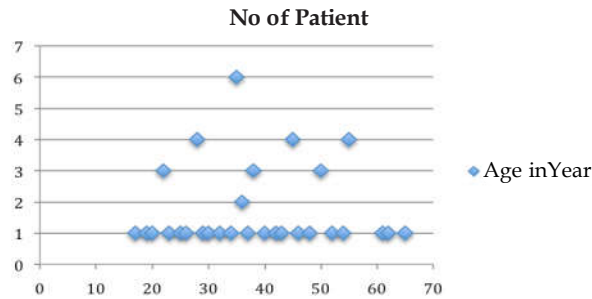


Fig. 6:

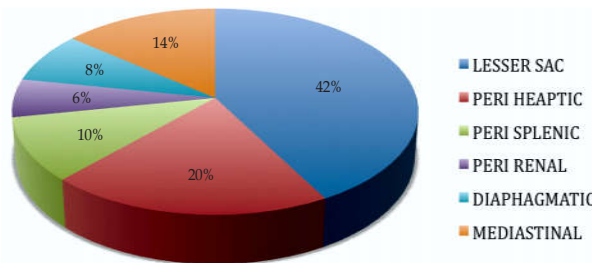


Fig. 7:

Discussion

Our case demonstrated pseudo cyst which presented in various other region other than the lesser

sac as the communication either by the ligament attachments or direct spread to mediastinal and sub diaphragmatic region because of chronic inflammation.

Confirmation was made by raised amylase levels in aspirate fluid done under ultrasound guidance. There are no definite guidelines on the management of Peri Hepatic Pseudocysts, Peri Renal, Peri Splenic or Diaphragmatic Pseudocysts. Surgical drainage, radiologically guided percutaneous drainage/ aspiration, transpapillary stent or transpapillary nasopancreatic drainage have been successfully used in the treatment of Peri Hepatic Pseudocysts of pancreas [3].

Conclusion

Our study also showed that the most common place for the pseudocyst to form is Lesser Sac and next is Peri Hepatic, Mediastinal and Peri Splenic and rarely Diaphragmatic and Peri Renal.

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