Original Research Paper

Volume-8 | Issue-10 | October-2018 | PRINT ISSN No 2249-555X

Surgery

UNUSUAL PRESENTATION OF PSEUDOCYST PANCREAS MASQUERADING CLINICALLY AS SPLENIC LUMP – CASE REPORT & SHORT REVIEW

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ABSTRACT Pancreatic pseudocyst is a rare entity in children and 56% of those in children are secondary to abdominal blunt trauma. 90 % of Cysts <4cms resolve spontaneously but only 20% of cyst>6cm resolve spontaneously. Laparoscopic approach is an alternative new technique to open cystogastrostomy for the minimally invasive management of PPCs in the paediatric population.

KEYWORDS :

INTRODUCTION

Abdomen being described as Pindura's magic box so evaluation of Lump abdomen has always been a challenge for clinicians. Inspite of the development of sophisticated imaging techniques, however initial evaluation is immensely dependent on physical examination and so importance of clinical examination cannot be overlooked.

Pancreatic pseudocyst is a rare entity in children and 56% of those in children are secondary to abdominal blunt trauma. Due to trivial nature of the trauma, most of these children are undiagnosed for lesser sac injury at the time of accident but these patients present 4-6 weeks later with abdominal lump, which at times may turn out to be pseudocyst pancreas.

90 % of Cysts <4cms resolve spontaneously but only 20% of cyst>6cm resolve spontaneously. Here we present a case of post traumatic pancreatic pseudocyst which presented as an intraperitoneal mass and the clincal face of this lump was almost similar to splenic lump.

Case Report

11years old boy presented with chief complaints of swelling in left upper abdomen since 4-5 months. There was history of trauma which was ignored by the parents. On examination there was a lump in the left hypochondrum which was moving on respration,bimanually palpable.

DISCUSSION

This is a classical presentation of a pediatric patient whose injury was first ignored and then patient presented two months later with a gradually increasing lump in the abdomen.

A PPC is usually a complication of blunt abdominal trauma in 56% of cases in children [1]. Most of these cases are encountered after 2 months of primary conservative therapy by Local Practitioners. Most of them will resolve spontaneously with conservative treatment. This is the reason, these children come with large lumps in the abdomen and parents are usually unable to relate the lump to the injury making the diagnosis difficult. The size of the cyst is a good predictor of outcome: cysts less than 4 cm in size will resolve in 90% of cases, while those with size greater than 6 cm have only 20% to be resolved.

The current management for PPCs in children is predicated on adult techniques and includes open, percutaneous, laparoscopic and endoscopic drainage. Surgical cystogastrostomy is the standard method of treatment for PPC [2] , with short hospitalization and low risk of recurrence. Percutaneous drainage is a less invasive method frequently performed in the past, but there is a risk of a pancreatocutaneous fistula [3], which may require a major reconstructive operation. Thus, percutaneous drainage is reserved for immature or infected cysts and unstable patients[3]. Laparoscopic approach is an alternative new technique to open cystogastrostomy for the minimally invasive management of PPCs in the paediatric population. However, only three cases are referred in the literature [4,5,6], and therefore, more studies are needed to establish their effectiveness.

In the end this is to be concluded that pancreatic pseudocyst is a rising concern in the pediatric age group with increase in road traffic accidents and special concern should be given over the examination of the patient and appropriate management.

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