

A Study on Pseudo-Pancreatic Cyst- Our Experience



Surgery

KEYWORDS : pseudo-pancreatic cyst, conservative treatment, percutaneous drainage, alcohol

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ABSTRACT

Background: Pancreatic pseudocysts are best defined as localized fluid collections that are rich in amylase and other pancreatic enzymes, that have a nonepithelialized wall consisting of fibrous and granulation tissue, and that usually appear several weeks after the onset of pancreatitis. They are to be distinguished from acute fluid collections, organized necrosis, and abscesses. Pseudocyst is associated with considerable morbidity. A conservative management was done. **Materials and Methods:** In this study, 25 cases of pseudo-pancreatic cyst were included. Study was done in surgery department of JLN MCH, Bhagalpur, Bihar from October 2015 to September 2016. Thorough examination, investigations and surgeries were performed. The group included both males and females. **Results:** The average age group was 28 years. Males were more than females. Most common cause for pseudo-pancreatic cyst was found to be due to alcohol consumption in 18 (72%) of the cases. Others were due to gallbladder stones 4 (16%), Trauma 1(4%), Hypertriglyceridemia 1 (4%) and Idiopathic 1(4%). Fifteen patients were treated with antibiotics and other ten patients treated by percutaneous drainage under ultrasound guidance. The most common presenting complain was pain in epigastric region. CT Scan was the diagnostic tool used. No complications were recorded.

Conclusions: All the cases of pseudo-pancreatic cyst responded well to conservative treatment in usually 4 weeks period of time.

Introduction-

There are number of definitions for pseudo-pancreatic cyst. 1) an acute collection of pancreatic juice circumscribed by thin walled membranes; 2) a chronic pseudocyst characterized by sterile contents and thick fibrous walls; 3) a secondarily infected pseudocyst; or even 4) a frank pancreatic abscess. Understandably, considerable therapeutic ambiguity has resulted from inaccurate diagnosis when such imprecise definitions have been indiscriminately applied without further qualifications. From a clinical standpoint, since the management of such diverse conditions differs markedly, it may be unwise to persist in lumping these conditions together under a single broad definition. Pseudocyst of the pancreas has traditionally been considered a rare or uncommon entity. In 1960 Jordan reported a .007% incidence of pancreatic cysts, of which 80% were pseudocysts, in more than two million hospital admissions. Until recently the majority of reports on the subject consisted of 20 or 30 cases collected over the entire history of an institution. In the past few years, however, the number of pseudocysts reported in the literature has risen dramatically. Van Heerden and ReMine' reviewed 71 cases treated surgically at the Mayo Clinic between 1962-1972. Hastings, et al. found 98 cases between 1962-74 at four New Orleans hospitals, where there had been 56 cases in the preceding 23 years. Pancreatic pseudocysts are usually complication of pancreatitis. Pancreatic pseudocyst accounts for approximately 75% of all pancreatic masses. In 1761, Morgagni first described pancreatic pseudocyst and internal drainage by cystogastrostomy was first performed in 1921. Surgical drainage of pancreatic pseudocysts was the standard method of treatment for over half a century until the 1980s when the first successful radiology assisted drainage was reported. The main etiology of pseudocyst pancreas are alcohol abuse, gallstones, trauma, drugs, idiopathic. The symptoms may vary depending on location and size of cyst. The main symptoms are pain abdomen, early satiety, mass abdomen, nausea, weight loss and jaundice. Diagnosis confirmed by analysis of pancreatic enzymes, ultrasound abdomen, CECT abdomen, MRI. Cysts larger than 4-6cms are less likely to resolve by themselves. Smaller cysts and cysts which fail to show a decrease in size or those that shows an increase in size during a 3-4 week period of observation are unlikely to resolve. Patients with multiple pseudocysts are unlikely to resolve. Chronic pseudocyst, especially are unlikely to resolve. Traumatic cysts are less likely to resolve as they tend to be more mature at the time of presentation. In this

study we have attempted to define an acute pseudocyst and to characterize the diagnosis and management of this entity.

Materials and Methods-

In this study, 25 cases of pseudo-pancreatic cyst were included. Study was done in surgery department of JLN MCH, Bhagalpur, Bihar from October 2015 to September 2016. Thorough examination, investigations and surgeries were performed. The group included both males and females.

Inclusion Criteria- All patients (of all ages and sex) admitted in surgery department of JLN MCH, Bhagalpur who have been diagnosed to have pseudo-pancreatic cyst.

Exclusion Criteria -All Abdominal conditions having similar clinical features other than pseudo-pancreatic cyst, Patients who refused to take part in the study and patients with neoplastic conditions of pancreas. The data collected in a specially designed Proforma were processed and subjected to relevant statistical analysis.

Results:

The average age group was 28 years. Males were more than females. Most common cause for pseudo-pancreatic cyst was found to be due to alcohol consumption in 18 (72%) of the cases. Others were due to gallbladder stones 4 (16%), Trauma 1(4%), Hypertriglyceridemia 1 (4%) and Idiopathic 1(4%). The mean size of pseudocyst was 10cms. The smallest pseudocyst was 4 cms. The largest was 20 cms. Most common site for pseudocyst was body and tail of the pancreas. Fifteen patients were treated with antibiotics and other ten patients treated by percutaneous drainage under ultrasound guidance. The most common presenting complain was pain in epigastric region. CT Scan was the diagnostic tool used. No complications were recorded.

Table 1- Showing common aetiological factors found-

S.No	Cause	Number of cases and percentage
1	Alcoholism	18 (72%)
2	Gallbladder stones	4 (16%)
3	Trauma	1(4%)

4	Hypertriglyceridemia	1(4%)
5	Idiopathic	1(4%)

Discussion-

The diagnosis of chronic pancreatic pseudocyst can be a difficult and challenging problem, especially in patients without a palpable abdominal mass. Abdominal pain is the most common complaint and is present in the vast majority of patients. A host of other gastrointestinal symptoms, as well as weight loss, occur to a variable degree. There is, however, no classic or typical symptom complex which readily suggests the diagnosis of pseudocyst. Nevertheless, the occurrence of these nonspecific symptoms in a patient with a history of pancreatitis or abdominal trauma should make one suspect pancreatic disease. In most of the series, Bodker et al., 1980, Bodil Anderson, 2010, pseudocysts were seen in 4th and 5th decades, and the mean age was around 40-47 yrs. In our present series, majority of patients belonged to the age group of 30-40 yrs and the mean age was 38.52 yrs. As compared to other studies Bodil Anderson, 2010, Varadarajulu et al., 2013, marked male predominance was seen in our study, in the ratio of 24:1 (male:female) and may be attributed to the fact that alcoholism is less common in females in India. Our experience of conservative management of pancreatic pseudocysts in selected patients during our study period of 1 year has been similar to the results reported by Vitas et al and by Yeo et al.

Conclusion-

All the cases of pseudo-pancreatic cyst responded well to conservative treatment in usually 4 weeks period of time. Mostly caused by alcohol intake, no mortalities were found. Diagnosed by CT-Scan and Abdominal Pain was the commonest presenting complaint.

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