ORIGINAL RESEARCH PAPER
Volume - 14 | Issue - 10 | October - 2025 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

# A CASE SERIES OF SURGICAL MANAGEMENT OF PSEUDOCYST OF PANCREAS

General Surgery

**Dr. B. Srinivas** MS., Assistant Professor, Dept of General Surgery, GMC & GGH, JAGTIAL, Telangana.

## KEYWORDS

Pseudocyst, Cysto-gastrostomy.

**INTRODUCTION:**

Pancreatic pseudocysts are usually managed by Endoscopic / surgical drainage. For a minority of cases, pancreatic resection and external drainage are performed.

Surgical cysto-enterostomy has traditionally been the preferred procedure for internal drainage, with pseudocyst recurrence rates less than 5%.

We present our case series from GGH, Jagtial, Telangana, presenting our experience over a period of 42 months from January 2022 to June 2025, on the current value of cystogastrostomy in the management of pancreatic pseudocyst.

**METHODS:**

- The present study –Retrospective and prospective study.
- A total of 25cases of pseudocyst of the pancreas, which were surgically managed from January 2022 to June 2025, were Included.
- Total number of Open Cystogastostomies -25

**Inclusion Criteria:**

- Patients with a Pseudocyst of the pancreas greater than 6weeks duration.
- Cyst wall thickness >6mm on CECT abdomen.

**Exclusion Criteria:**

- Cyst wall thickness <6mm. Small pseudocyst of size <6cm.
- Patients managed by other means excluded.

**Age &Sex Distribution:**

| Age | No. of cases | Percentage |
|---|---|---|
| 1-20 | 04 | 15% |
| 21-40 | 17 | 65% |
| 41-60 | 05 | 20% |

| Sex | No. of cases | Percentage |
|---|---|---|
| Male | 21 | 80.7% |
| Female | 05 | 19.3% |

**Clinical Presentation:**

- All the patients presented with abdominal Pain of various durations.
- 12 cases presented with abdominal distention, 8 cases with vomiting, and early satiety in 6cases.
- Most common being the pain in the upper abdomen radiating to the back, followed by abdominal distention and vomiting.

**ETIOLOGY:**

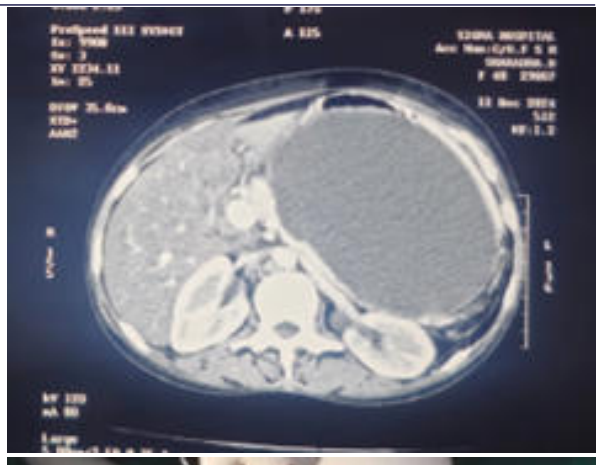
| Etiology | No. of cases | Percentage |
|---|---|---|
| Alcoholic | 16 | 61.5% |
| Biliary | 09 | 34.6% |
| Traumatic | 01 | 3.8% |

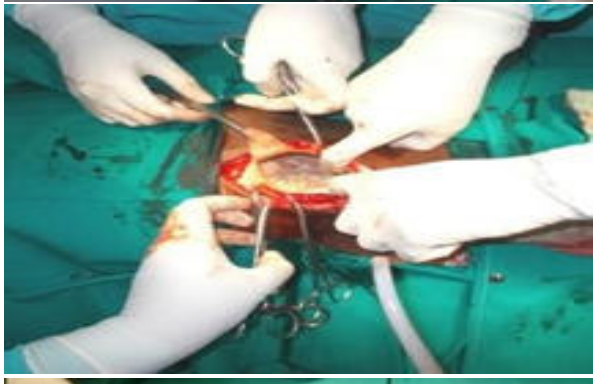
ASSOCIATED COMPLICATIONS:

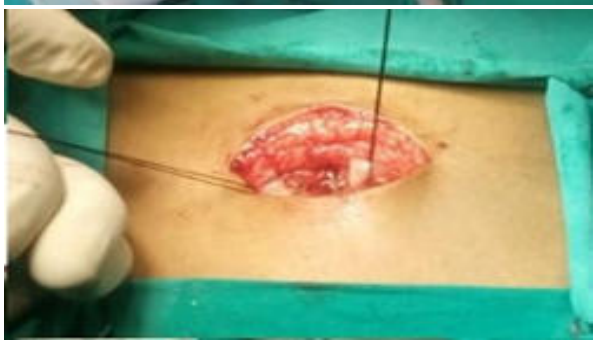
- pseudoaneurysm is seen in 1case.
- Portal vein thrombosis was seen in 1 case.

**Treatment**

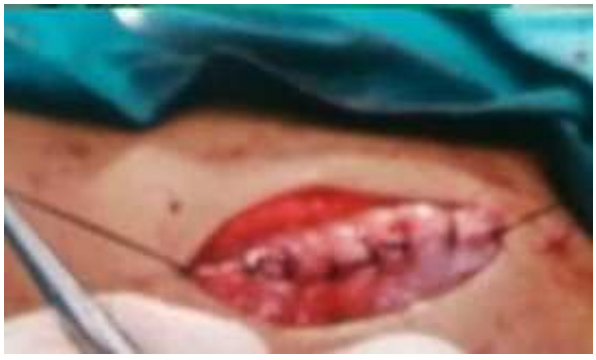
- In all these patients, cystogastrostomy was done, because in all patients, the pseudocyst is close to the posterior wall of the stomach and makes an impression on the stomach.
- Incisions – Midline epigastric incision.







PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr



## CONCLUSION:

Cystogastrostomy is an effective procedure, with near-zero morbidity and mortality when chosen appropriately (there is a pseudocyst close to the stomach and making an impression on the stomach ).

## REFERENCES:


1. Bailey & Love's : Short practice of Surgery, 28th edition, p. 1276 to 1277.
2. Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice, 21st edition, p.1540.
3. Schwartz's Principles of Surgery, 11th edition, p.1465 to 1467.
4. Fischer's Mastery of Surgery, 8th edition, Chapter 182.
5. Shackelford's Surgery of the alimentary tract, 8th edition, chapter 93, p.1097 to 1105.
6. Blumgart's Surgery of the liver, biliary tract and pancreas, 7th edition, chapter.56, p.809.