

A Case of Spontaneous Rupture of Pancreatic Pseudocyst into Stomach

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Introduction: Pancreatic pseudocyst is not rare, but spontaneous rupture of pseudocyst into the hollow viscera occurs in less than 3% of pseudocysts. It may be associated with life-threatening bleeding. Otherwise, there is uncomplicated rupture of pseudocyst which is even rarer. We present a case of spontaneous resolution of a pancreatic pseudocyst after the occurrence of spontaneous cystogastric fistula.

Case report: A 70-year-old female was admitted to our hospital with 10-day history of abdominal pain. She was chronic alcoholic and had 5cm sized pseudocyst of pancreas for 3 years but the size of pseudocyst increased suddenly. On admission, the vital sign was stable. The laboratory findings showed hemoglobin 9.2g/dL, amylase 51U/L, and lipase 11U/L. Abdominal CT revealed a large pseudocyst of 15cm compressing the stomach between the pancreas tail and splenic hilum (Fig. 1A). On the next day, we tried to perform EUS-guided drainage, but the pseudocyst was not visible. Esophago-gastroduodenoscopy (EGD) revealed an 8cm orifice of the fistula along the posterior wall of the high body (Fig. 2A). Brown-colored fluid was drained through the fistula. The scope could reach into the pseudocyst, and fluid collection and debris were observed (Fig. 2B). We applied hemoclips at proximal margin of fistula because the fistula was too large. After three days, the size of pseudocyst decreased to 9cm (Fig. 1B), and the size was much reduced to 5.8 cm two weeks later (Fig. 1C). Pseudocyst was disappeared 3 months after the initial EGD (Fig. 1D, E). After 3 months, follow-up EGD reveals a completely closed cystogastric fistula with depressed mucosa (Fig. 2C). She was uneventful during follow-up of 3 months.

Conclusion: Rarely, erosion of a pseudocyst is occurred near the gastrointestinal tract, and a fistula is formed between pseudocyst and hollow viscus. In our case, pseudocyst resolved spontaneously by forming a fistula between the pseudocyst and the stomach, and the fistula is spontaneously closed without complication.

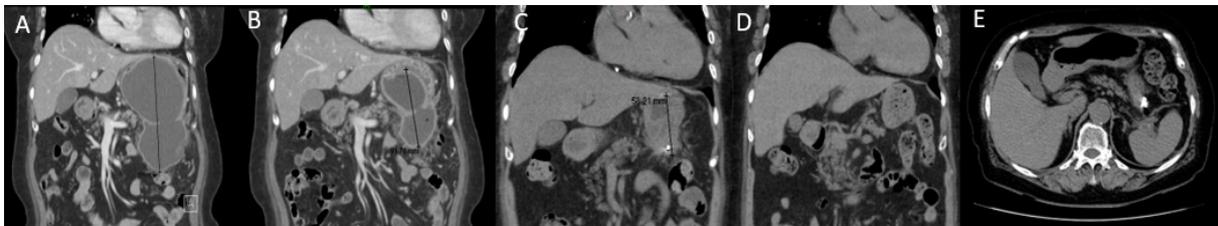


Fig. 1. CT scan showing pseudocyst of pancreas A) Large pseudocyst causing extrinsic compression of stomach B) The size of pseudocyst decreased to 9cm C) The size was much decreased to 5.8 cm two weeks later D, E) Pseudocyst was disappeared 3 months after the initial onset

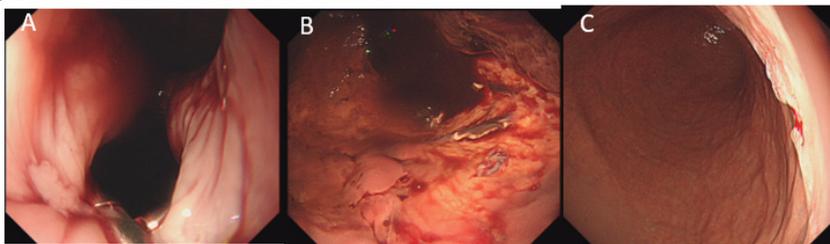


Fig. 2. Esophagogastroduodenoscopy (EGD) A) A large orifice of the fistula along the posterior wall of high body B) Fluid collection and debris were observed inside the pseudocyst C) The fistula was closed 3 months after initial EGD (arrow).