

Picture-story

Endoscopic cysto-enterostomy in the management of pseudopancreatic cysts

Mohan de Silva¹, R Mahanama² and Dayasiri Fernando³

Introduction

Conventional therapy for symptomatic pseudo-pancreatic cysts has been primarily surgery. More recently endoscopic procedures are being employed with minimal morbidity. We report a patient who underwent such a procedure in our unit with excellent results.

Case report

A 42-year old alcoholic man was admitted with upper abdominal pain, 6 weeks after an episode of acute pancreatitis. Examination showed a 10×8 cm epigastric mass. Ultrasonogram confirmed a large pseudopancreatic cyst. Endoscopy with a side-viewing GIF 160 Videoscope showed Grade 2 varices and antral gastritis. The cyst bulged into the first part of duodenum. Pancreaticography showed a non-communicating pseudocyst.

Needle knife was used to bore a hole into the cyst (Figure 1) through which a cannula was introduced and a zebra guide was passed into the cavity. A 10F outer sheath cannula was guided over the wire to dilate the passage. A 10 F double layered polyethylene stent was placed in the cyst cavity over the outer sheath and positioned (Figure 2). Free drainage of fluid was observed (Figure 3). The procedure took 20 min and the patient was discharged in 48 h. When reviewed after two weeks he was asymptomatic. No cyst was palpable on examination.

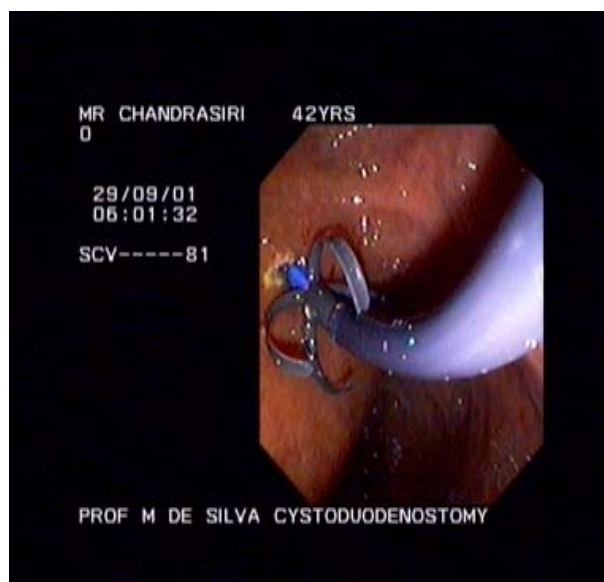


Figure 2.



Figure 1.



Figure 3.

¹ Professor, ² Registrar, ³ Professor and Head, Department of Surgery, Faculty of Medical Sciences, University of Sri Jayawardenepura, Nugegoda. (Correspondence: M de S, Department of Surgery, University of Sri Jayawardenepura, Nugegoda. Tel: 077 314693, 01 825282. (Submitted 27 October 2001, accepted 2 February 2002).