

Therapeutic options of management Of pseudo cyst of Pancreas

**الخيارات العلاجية للإدارة
من كيس البنكرياس الزائف**

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Abstract

Pancreatic pseudo cyst is a common problem encountered in surgical practice. It usually followed an attack of acute pancreatitis or chronic pancreatitis or trauma. So early diagnosis and treatment is crucial to avoid complications such as, infection, bleeding, and rupture. The course of disease cannot be predicted, some Resolved spontaneously, others enlarged and reached considerable sizes causing Pressure symptoms on nearby structures which need surgical intervention.

Keyword

Pseudo pancreatic cyst, conservative treatment, surgical intervention.

Introduction

Pancreatic pseudo cyst is localized collection of pancreatic secretion that walled off by fibrous or granulation tissue as a result of acute pancreatitis or chronic Pancreatitis, pancreatic trauma and neoplasm's {1}. Pseudo pancreatic cysts account 75% of the cystic lesion of the pancreas. They can be differentiated From other peripancreatic fluid collections (cystic neoplasm's and congenita parasitic and extra pancreatic

cysts)by their lack of an epithelial lining, high concentration of pancreatic enzymes within the pseudo pancreatic cyst and formation at least 4 weeks after an episode of pancreatitis or pancreatic trauma {2}. The capsule of

the cyst can be thin fibrous tissue at the beginning but later it became thick as the cyst become mature .50%- of cases will resolve spontaneously, the others persist and increase in size at that times it needs surgical intervention. {3, 4}.

Patients and methods

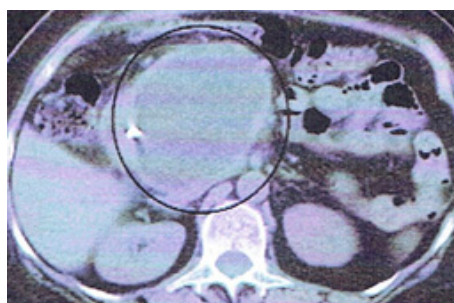
This study was conducted on 46 patients was admitted to hospitals at AL thawara teaching hospital at-ALBeida-Libya and Alkarama teaching hospital Baghdad from Period January 2009 to July 2015 .All the patients admitted had pseudopancreatic cyst which were diagnosed by ultrasound and CT scan which is best imaging for diagnosis of acute pancreatitis and pseudocyst. Some pa-

tients treated conservatively while the others had undergone surgery for their cyst.

Results

22 patients had a preceding attack of acute pancreatitis whilst 12 had clinical or Radiological evidence of chronic pancreatitis. Two patients with pancreatic pseudo-cyst without preceeding attack of acute of chronic pancreatitis or clinical evidence of chronic pancreatitis, were presumed to have suffered clinically silent attack of acute pancreatitis. The etiology was alcohol ,gallstone, trauma , tumor ,hyperlipidemia and idiopathic {2,3,4,5}, 25 patients, were treated conservatively on IV fluid and antibiotics and octreotide subcutaneously, there was Dramatic improvement and complete resolution of

their cysts , while the reminder their cyst attended very large size and require surgery cystogastrotomy and cystoduodenostomy and their postoperative course were unremarkable except two patients developed sudden rupture of cyst and required immediate operation .post operatively one of the patient developed pulmonary embolism and the other developed pneumonia and both had full recovery



Pseudopancreatic cyst on CT scan

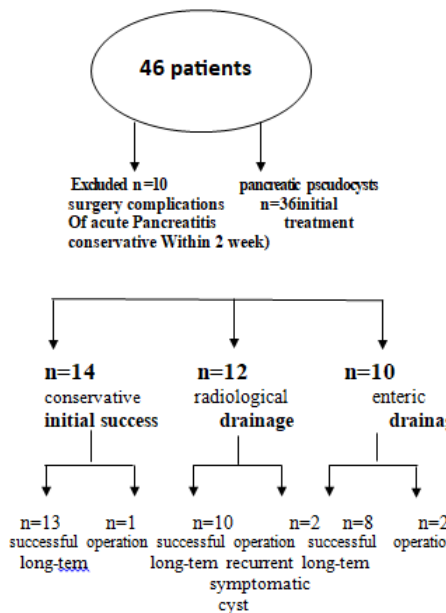


figure 1.summary of study group patients

table 1 :Treatment , outcome and complications

Group	Number	AP/CP	Size median (range) (cm)	Follow - up (mean) (months)	Complications (n)
Successful conservative treatment	19 (39%)	9/5	7(1-15)	37.6	Recurrence (1)
Radiological external drainage	12 (33.3%)	8/4	7(4.5-20)	36.5	Recurrence (2)
Cyst-enteric drainage	10(27.7%)	7/3	9(5-16)	38	Abscess (2) pulmonary embolism (1)

AP, acute pancreatitis , Cp chronic pancreatitis

There was no 30-days in cohort study of 36 patients with pancreatic pseudocyst. One patient with chronic pancreatitis secondary to alcohol was Readmitted 5 months after cystoduodenostomy with cholangitis and died Despite biliary drainage .

Discussion

Pancreatic pseudo cyst is common condition followed acute attack of pancreatitis or chronic pancreatic. There are several causes of acute pancreatitis it is in order of frequency, Alcohol, gallstone,

truma, tumors and idiopathic. Chronic pancreatitis usually followed repeated attacks of acute pancreatitis. When pseudocyst developed the patient complains of persistent upper epigastric pain with repeated vomiting, early satiety with loss of weight [5]. On physical examination there is fullness in the epigastric region and tenderness and sometimes you feel a mass in the epigastric region. Imaging of the patients with ultrasound and CT scan which is the best modality for the diagnosis of the disease of pancreas especially pseudo cyst of pancreas. In addition there is persistent elevation of serum amylase after resolution of acute pancreatitis which indicates the development of pseudocyst. There

are two methods of treatment for pancreatic pseudocyst., conservative treatment which about 50% of cases resolved spontaneously within 6 weeks which is the natural course of disease [6]. If the cyst is not disappear after 6 weeks of conservative treatment or the cyst enlarging in size and attain large size more than 7cm in diameter or causing pressure symptoms like duodenal obstruction or the patient developed complication within the cyst like rupture, bleeding or infection surgical intervention is strongly indicated specially when the patient developed complications within the cyst. [7] The cyst might rupture to the peritoneal cavity and causing severe peritonitis, in that case, the patient needs

immediate lapratomy to save the life of the patient[8]. There are different options of surgical intervention in pseudo pancreatic cyst ranging from external drainage, endoscopic drainage. Internal drainage which either cystogastrotomy and cystojejunostomy [9] which I were used in my study which promising with very few complication. [11] laparoscopic surgery in management of pseudo pancreatic cyst seems to be more promising because it is more convenient, short hospital stay and avoids the surgical wounds and its complications like infection and incisional hernia [23]

Conclusion

Many patients with pancreatic pseudo cyst can be managed conservatively if the

presenting symptoms can be controlled. If symptoms cannot be controlled or complications rises, surgical intervention is the best Option.

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