An unusual presentation of a giant pancreatic pseudocyst extending through the lateral thoracoabdominal wall as a result of chest drain insertion.

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Abstract:

Pancreatic pseudocysts are fluid collections within or abutting the pancreas held within a sac created by fibrous granulation tissue lacking an epithelial lining. They are a complication of pancreatitis affecting 10-26% of acute cases and 20-40% of chronic cases [1]. The fluid is composed of pancreatic secretions as the collection is connected to the pancreatic ductal system.

Pseudocysts result from disruption to the pancreatic ductal system from increased pressure as a result of obstruction secondary to pancreatitis with subsequent extravasation of pancreatic secretions that become walled off [2].

They're typically asymptomatic, <4cm in size and are located in the lesser sac, the majority will spontaneous resolve. Less commonly giant pseudocysts can evolve (>10cm in size) in atypical locations and extensions including the mediastinum, thigh and pleura [3, 4, 5].

Here we present an unusual case of a giant multiloculated pseudocyst originating from the pancreatic tail. Initially complicated by a pleural effusion that was percutaneously drained. Following drainage the pseudocyst began extending through the lateral thoracoabdominal wall causing pain and was further complicated by infection.

This 69 male presented with lateral chest wall pain, subjective fevers and associated increase in a lateral chest wall mass that had commenced 3 months earlier following the removal of his chest drain placed for a pleural effusion.

Clinically he had a palpable boggy swelling over the left lateral chest wall and flank (Figure 1). A contrast CT of his chest, abdomen and pelvis, showed a large multi loculated pseudocyst from the tail of the pancreas extending posterior-laterally behind the left kidney towards the spleen and superiorly into the left pleural cavity and laterally through the thoraco-abdominal musculature into the subcutaneous space (Figures 1 and 2). The extension through the thoracoabdominal wall correlated with the location of his chest drain placed 3 months earlier (Figure 3).

Images:

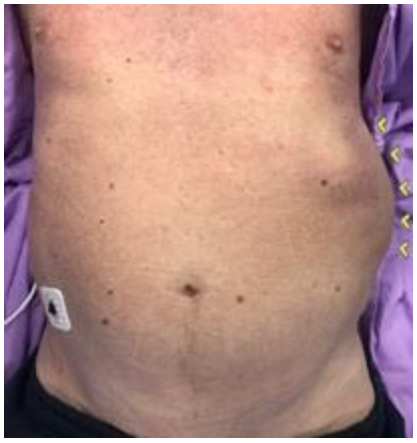


Figure 1 Clinical image showing left sided boggy thoracoabdominal mass- outlined



Figure 2 Contrast CT imaging with serial sections coronal planes.

Yellow arrow: origin of pseudocyst near pancreatic tail.

Red arrows: pseudocyst extensions into multiple planes of pleural cavity abdominothoracic wall & into the subcutaneous plane.

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Figure 3 Contrast CT in coronal plane demonstrating location of chest drain.

Biography:



Dr Daniel Page is a surgical pre-registered house officer initially trained in the UK and subsequently moved to Australia for surgical training. He has a passion for general surgery and is captivated by unusual cases as well as new innervations and techniques.

References:

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