




CLINICAL IMAGE

Pancreatic “supercyst”

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A 44-year-old man with alcohol-induced chronic pancreatitis presented to the emergency room with diffuse abdominal pain and fatigue. The patient was afebrile, and bloodwork showed elevated C-reactive protein levels (129 mg/L), and a slight increase in lipase levels (62 U/L). CT-imaging displayed a large (28 × 26 cm) intra-abdominal mass with air trapping (Figure 1 Panel a, b) likely emanating from the pancreas. A previously transgastral-endoscopic placed double-pigtail drainage was also visible (Figure 1 Panel a, arrow). This drainage was placed 1 year ago in a referral hospital and was obviously lost in follow-up. A suspected diagnosis of a remarkably large abscessed pancreatic pseudocyst in the context of chronic pancreatitis was made, prompting referral to the intensive care unit. Given the large size causing abdominal compartment syndrome with consecutive respiratory instability, we decided for prompt percutaneous drainage with large volume pigtail catheters (2 × 14 CH) in local anesthesia. Following placement of these drainages (Figure 1 Panel c, arrow), the entire mass could be successfully removed, rendering an enlarged and calcified pancreas (Figure 1 Panel d, arrows). The drainage fluid was purulent (Figure 1 Panel e) and microbiological examination yielded growth of *Klebsiella pneumoniae* and *Streptococcus anginosus* corroborating the diagnosis of abscessed pancreatic pseudocyst. The transgastric drainage, which was obviously obstructed, could be safely endoscopically removed on the following day (Figure 1 Panel f). Ensuing 19 days of antibiotic treatment the patient was discharged.

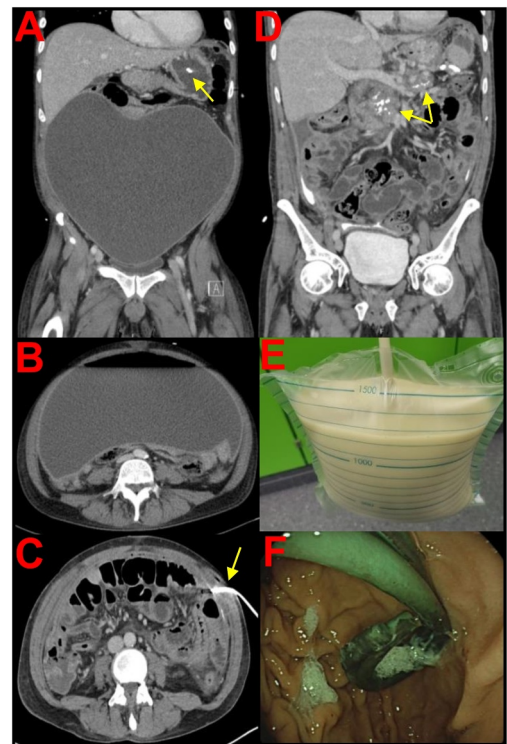


FIGURE 1 CT imaging of the pancreatic “supercyst” before (a, b) and after percutaneous drainage (c, d) of purulent fluid (e). (f) Endoscopic view of intraluminal drainage placed 1 year ago.

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Endoscopic drainage is preferable for pancreatic pseudocysts. However, in patients with abdominal compartment syndrome and respiratory insufficiency, the percutaneous approach represents a quick solution, obviating the need for sedation and endotracheal intubation.

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CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interest to declare.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

INFORMED CONSENT

Informed consent was obtained from the patient prior to publication of this article. Presented material has never been published or copyrighted.

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