◆ IMAGEN DEL NÚMERO

Invitamos a los lectores de Acta a que envíen casos con interés clínico o diagnóstico para su publicación en esta sección.

Differential diagnosis in a pancreatic pseudocyst with evolution as an iatrogenic abscess

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This is a 33-year-old female patient, born and raised in São Paulo. Their complaints are referred to 15 days ago with upper abdominal pain of great intensity, along with nausea and vomiting. In the previous history she had episodes of postprandial fullness and symptoms of gastroesophageal reflux disease. She went to the hospital and laboratory tests showed: red and white blood cell counts, total bilirubin and fractions, AST, ALT and GGT within normal range. The level of amylase was 241 UI/L (upper normal level 140 UI/L). Abdominal ultrasound revealed gallbladder microlithiasis and a cystic formation in the head of the pancreas. Abdominal radiography confirmed the finding by ultrasound (Figure 1). After 6 weeks from the episode of acute pancreatitis, the patient presented symptoms of postprandial bloating and abdominal pain. A CT scan was done and revealed the presence of a large pancreatic cyst formation in the head/body transition region of the pancreas (Figure 2). An attempt for endoscopic drainage was made and endoscopic retrograde cholangiopancreatography (ERCP) showed a cystic lesion with debris in the cephalic portion of the pancreas (Figure 3). Since it was not possible to perform a pseudocyst endoscopic drainage and the patient had postprandial fullness, weight loss and abdominal pain, she was sent for cholecystectomy with intraoperative cholangiography and pseudocyst drainage through a cyst-duodenal anastomosis, with liquid being collected for biochemical examination. The cytolo-

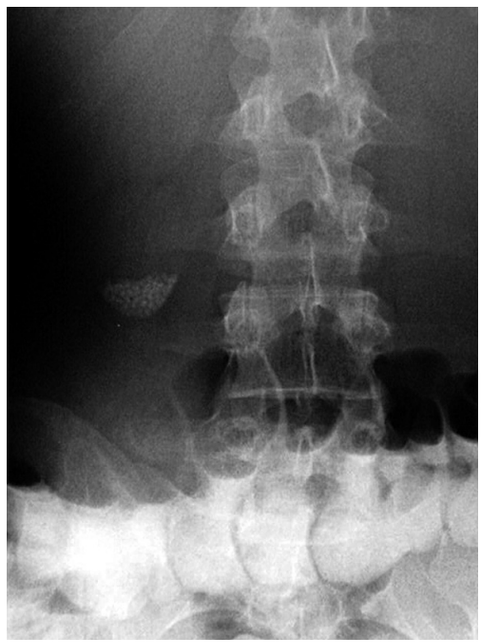

Figure 1. *Abdominal X-ray revealed microlithiasis in the topography of the gallbladder.*

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gical examination of fluid obtained during surgery was negative for the presence of neoplastic cells. The fluid amylase was 59 UI/L and bicarbonate 22 mmol/L. Two days after surgery the patient developed high fever and abdominal pain. Treatment with antibiotics failed, as fever remained at high levels. A new CT scan was performed and revealed signs of infection within the pseudocyst (Figure 4).

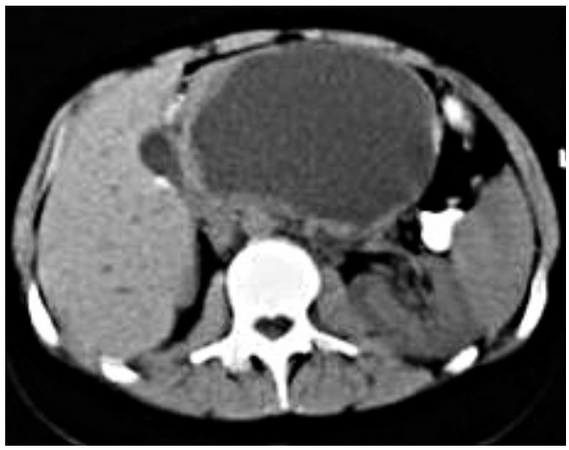

Figure 2. *CT images revealed the presence of an enormous pancreatic pseudocyst.*

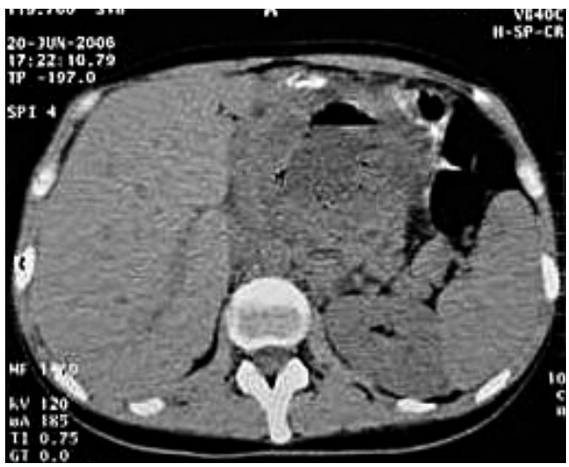

Figure 4. *CT scan was performed after surgical drainage. Note the fluid level inside the cyst and also the thickening of the wall.*

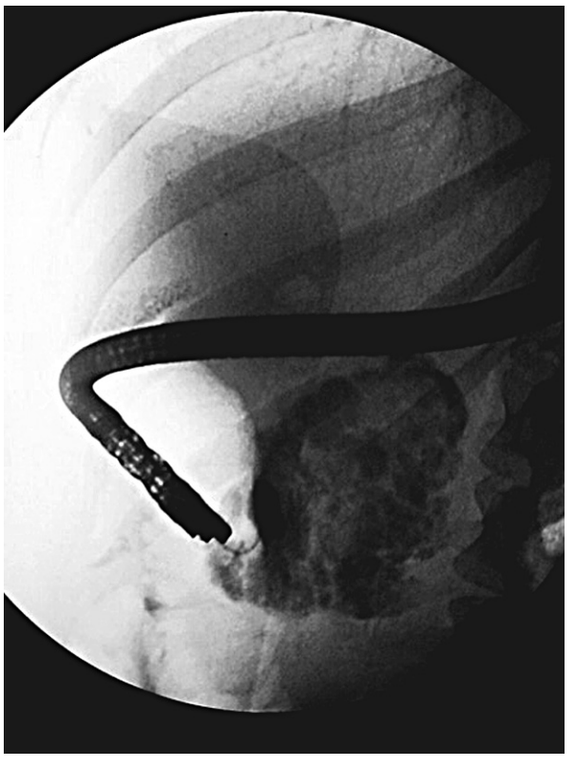

Figure 3. *ERCP showed a filling defect area of great proportions in the head of pancreas. Note that within the cystic area you can see filling defects.*

¿What is your diagnosis?

Resolución del caso en la página 298