

A Prospective Observational Study of Outcome of Pseudocyst of Pancreas in Sir T. Hospital Bhavnagar

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Abstract: *Pseudocysts account for two thirds of all pancreatic cyst lesions and are therefore more common than those caused by a pancreatic cyst neoplasm. In this study we look for various outcomes of pseudocyst of pancreas in Sir T. Hospital.*

Keywords: Pancreatitis, pseudocyst of pancreas, outcomes

1. Aim

To assess the outcome of pseudocyst of pancreas in patients of Sir T Hospital Bhavnagar

2. Objectives

To assess

- 1) Age and sex wise distribution of pseudocyst of pancreas
- 2) Presenting symptoms of pseudocyst of pancreas
- 3) Various outcomes of pseudocyst of pancreas

3. Methodology

We studied 10 cases of pseudocyst of pancreas to assess the outcome in the patients fulfilling the following criteria-

Inclusion criteria

- 1) Age group – 18 years to 60 years
- 2) Patients diagnosed to have pancreatic pseudocyst by Ultrasound scan/ CT scan

Exclusion criteria

- 1) Pregnant and lactating women
- 2) Neoplastic swelling of pancreas

1st step: All patients admitted with diagnosis of pancreatic pseudocyst by Ultrasound scan/CT scan of abdomen were included

- Most of the pseudocysts are managed conservatively, on antibiotic therapies, fluid management, few underwent percutaneous drainage, and few were taken for operative management of the pseudocyst.

2nd step: details of USG, CT scans and clinical findings, hematological findings were studied and analysed

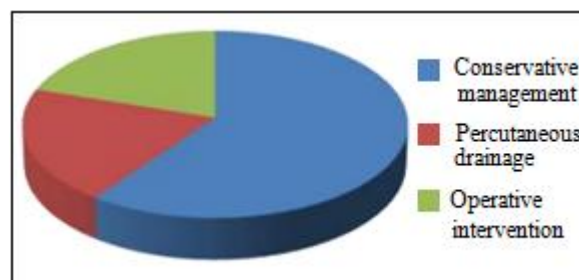
3rd step: 6 patients were managed conservatively, 2 underwent percutaneous drainage and 2 underwent open surgery.

4th step: statistical analysis was done

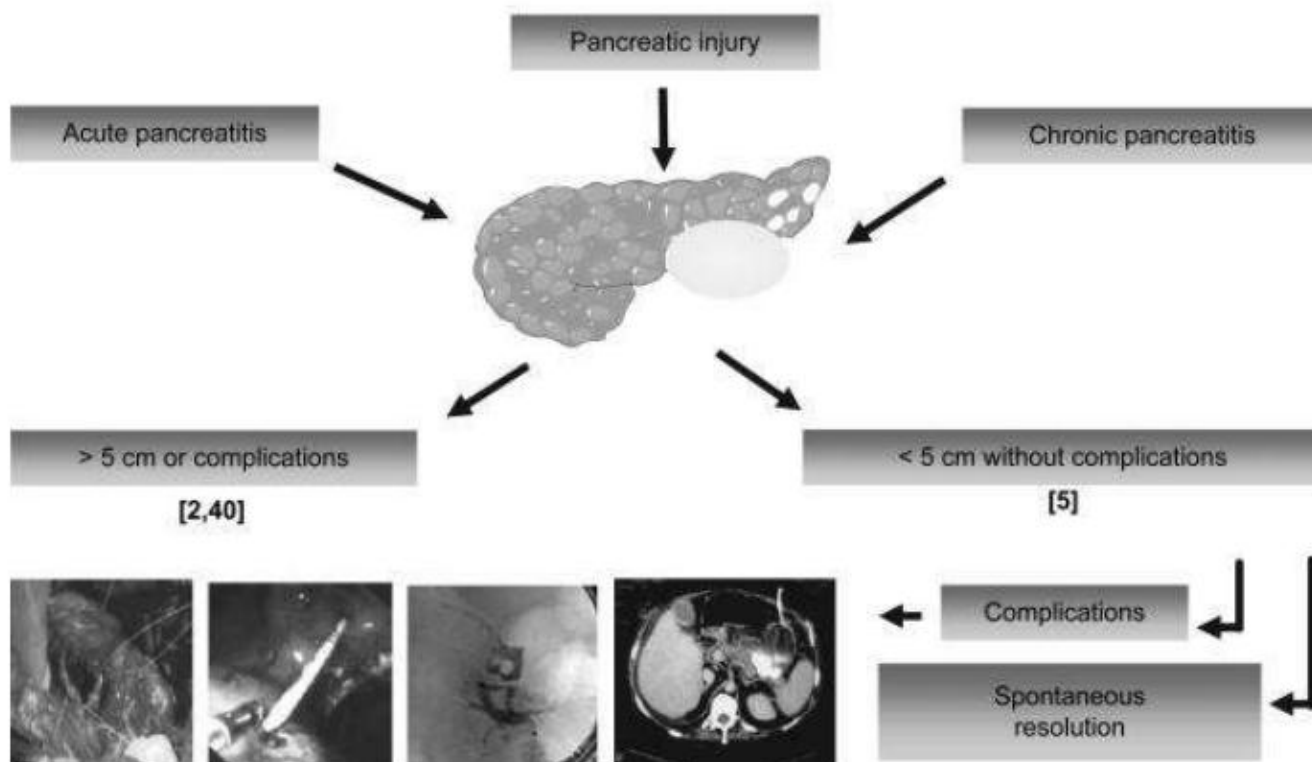
5th step: results were made.

4. Discussion

- Pseudocysts account for two-thirds of all pancreatic cyst lesions and are therefore more common than those caused by a pancreatic cyst neoplasm, which account for 10-15% of all pancreatic cyst lesions. Pseudocyst generally occurs after 4 weeks, more commonly in chronic pancreatitis than acute pancreatitis. Various approaches, including endoscopic drainage, percutaneous drainage, and open surgery, have been employed for the management of pancreatic pseudocysts. However, no scientific classification of pancreatic pseudocysts has been devised, which could assist in the selection of optimal therapy.
- The highest incidence of pancreatic pseudocysts can be found in patients with chronic pancreatitis due to alcohol abuse, as far as etiology is concerned, other causes are gallstone-induced pancreatitis, post-surgical or traumatic pancreatitis, rarely after hyperlipidaemia-induced pancreatitis, or idiopathic.

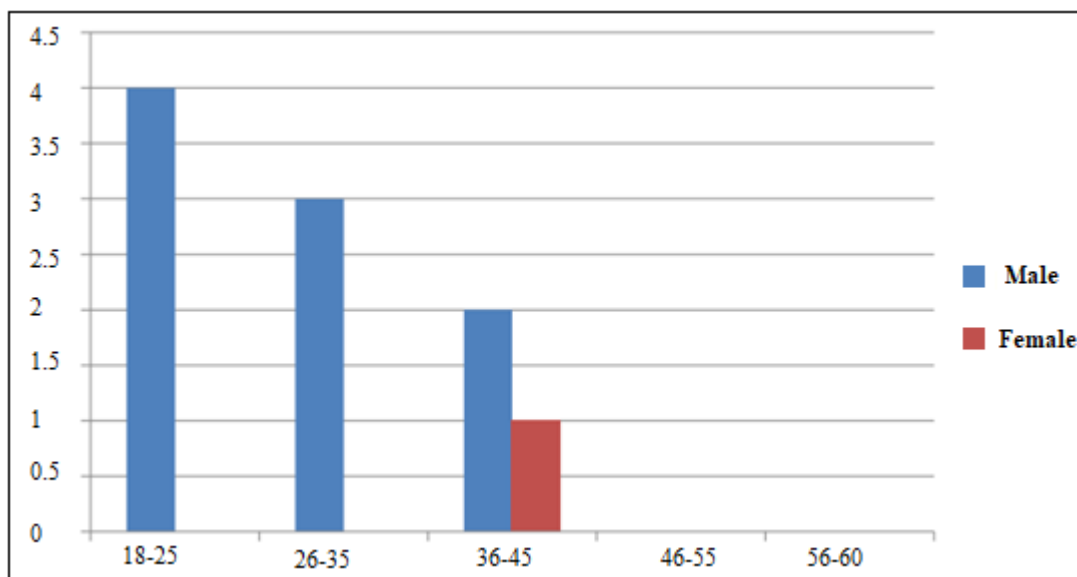


Endoscopic and surgical interventions are equivalent in the treatment of pseudocysts



Clinical algorithm used at the University of Greifswald for the treatment of pancreatic pseudocysts. Pancreatic pseudocysts result from acute pancreatitis, chronic pancreatitis or pancreatic injury. The primary decision for or against treatment of pancreatic pseudocysts depends on size and localization of the cyst and the occurrence of secondary

complications. In case of a small cyst (<5 cm) or absent secondary complications the strategy is to wait and observe. If size exceeds 5 cm and/or complications occur the cyst can be treated either surgically or endoscopically with equal outcome.



5. Results

Out of 10 cases studied, 60% of the patients were managed conservatively, 20 % underwent percutaneous drainage and rest 20% underwent open surgery for pancreatic pseudocyst.

6. Conclusion

- Pancreatic pseudocysts are a known complication of acute and chronic pancreatitis. Chronic pseudocysts over 8 weeks are less likely to resolve spontaneously and, as the risk of complications increases with time, treatment of large pseudocysts (>5 cm) should not be postponed.

- Surgery is the traditional modality for treating pancreatic pseudocysts, with high success rates and low morbidity and mortality, and it still plays an important role in therapy.

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