International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2024: 7.101

A Case of Obstructive Jaundice due to Pancreatic Pseudocyst

Dr. C. Priyadharshini

M.S, Department of General Surgery, Madurai Medical College and Govt Rajaji Hospital, Madurai

Abstract: ***In this case study, a 34-year-old male patient with a history of alcoholism and diabetes presents a compelling example of chronic calcific pancreatitis complicated by a pancreatic pseudocyst, leading to obstructive biliopathy. The patient's symptoms-jaundice, itching, pale stools, and weight loss-coupled with a palpable epigastric lump, paint a vivid picture of the clinical burden imposed by a 7.6 cm thick-walled cystic lesion in the pancreatic body. This mass, as revealed by MRCP and ultrasound imaging, exerts significant pressure on the common bile duct, splenic vein, and portal vein, resulting in biliary obstruction and markedly elevated liver function tests, with total bilirubin reaching 17.5 mg/dl. In my view, the decision to pursue an anterior gastrostomy followed by cystogastrostomy and ERCP with CBD stenting reflects a thoughtful, multi-step approach to alleviate biliary symptoms and address the pseudocyst's compressive effects. While post-procedure outcomes show a reduction in bilirubin and alkaline phosphatase levels, the mild increase in pseudocyst size on repeat imaging raises questions about the long-term efficacy of this intervention. This suggests that, despite initial success, ongoing monitoring and possibly more definitive surgical measures, such as laparoscopic cystogastrostomy, are warranted. It is evident that this case underscores the complexity of managing pancreatic pseudocysts when they encroach on critical structures, offering valuable insights into the balance between immediate relief and sustained resolution in such intricate scenarios.***

Keywords: pancreatic pseudocyst, chronic pancreatitis, obstructive biliopathy, cystogastrostomy, ERCP stenting

1.Case Study

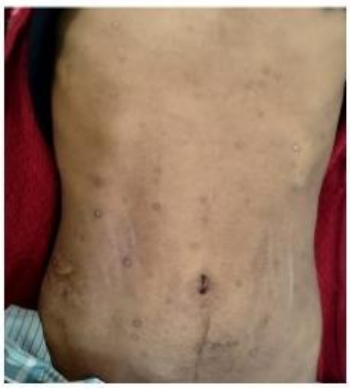
History

A 34- year male patient, known alcoholic and diabetic presented with jaundice and itching all over the body for 1 month and passage of pale coloured stools with loss of appetite and loss of weight

Examination

Icterus present Multiple scratch marks present, A epigastric lump of size 7x5 cm, firm in consistency, smooth surface, well defined borders, intra- abdominal. Per rectal examination – Pale- coloured stools noted

Photos of Patient and MRCP



USG Abdomen and Pelvis

Mild IHBR dilatation CBD dilated m/s 11mm
7.4 x 6.6 x 7.6 cm well defined thick walled cystic lesion with fluid debris level seen in pancreatic body region **compressing Common Bile Duct**, splenic vein, portal vein.
Volume – 228 cc

LFT
TBilirubin – 17.5 mg/dl
D.Bi.lirubin – 11.5 mg/dl
ID.Bilirubin – 6.0 mg/dl
SGOT – 52 U/L
SGPT – 64 U/L ALP – 792 U/L
Sr Amylase – 42 U/L

MRCP
7.6 x 6.3 x 7.4 cm measuring thick-walled cyst lesion noted in head and body of pancreas causing **extrinsic compression of pancreatic CBD** with moderate EHBR and IHBR dilatation.

Cyst displaces the stomach anteriorly. Pancreatic head and uncinate process shows calcifications.

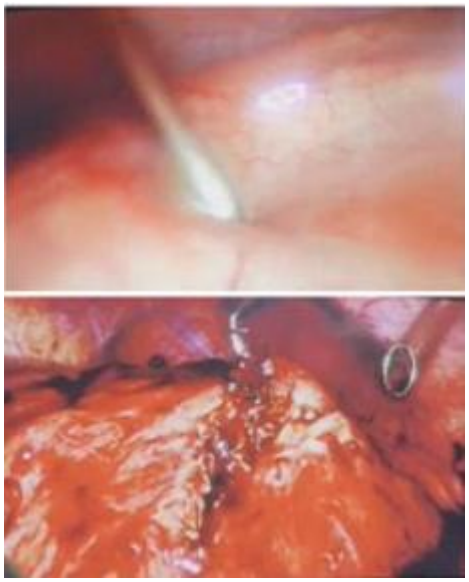
Impression: Chronic Calcific Pancreatitis with Pseudocyst Formation Causing Obstructive Biliopathy

Intervention

- ERCP and CBD stenting done.
- Post procedure, no complications noted.
- Biliary obstructive symptoms are relieved.
- Bilirubin and ALP values are decreased.
- But, repeat imaging showed mild increase in the size of pseudocyst
- Patient planned for laparoscopic cystogastrostomy
- Anterior gastrostomy made.
- The mass of pancreatic pseudocyst on posterior side of stomach was visualized by entering into the stomach.
- Preliminary aspiration of pseudocyst using needle done.
- A opening of size 1 cm between the adherent posterior

gastric wall and anterior pseudocyst wall was created.
- Fluid contents are aspirated. Thorough irrigation done.
- Edges of the cyst wall are cut and sutured with the posterior wall of stomach.
- Anterior gastrostomy closed

ERCP Stenting Done



2.Discussion

- Pancreatic pseudocyst is a sequelae of acute or chronic pancreatitis, collection of amylase rich fluid enclosed in a well defined wall of fibrous or granulation tissue which lacks true epithelial lining. Pseudocysts need therapeutic intervention if symptomatic or large (> 6 cm in diameter) or persistent (> 6 wk) or if complicated.
- Complications include Infection, Rupture, Obstruction (CBD/Bowel), Erosion of vessel
- Surgical interventions for management of pancreatic pseudocysts are percutaneous, endoscopic, laparoscopic or open procedures

3.Conclusion

Although relatively rare possible complication of pancreatic pseudocyst, Common bile duct obstruction due to compression by the pseudocyst can occur and needs biliary drainage and followed by surgical drainage of pseudocyst to prevent further complications

References

[1] Grace PA, Williamson RC. Modern management of pancreatic pseudocysts. *Br J Surg.* 1993; 80:573–81.
[2] Skellenger ME, Patterson D, Foley NT, Jordan PH., Jr Cholestasis due to compression of the common bile duct by pancreatic pseudocysts. *Am J Surg.* 1983; 145:343–8.