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SUPURATED PANCREATIC PSEUDOCHIST: CLINICAL CASE

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Introduction

Pancreatic pseudocyst (PP) is one of the evolutionary complications of severe acute pancreatitis. The reported incidence is 2-15%, PP suppuration is reported in 1.6 - 4.5%. The surgical approach to suppurative PP remains a current issue.

Keywords

suppurative pancreatic pseudocyst, drainage of suppurative pancreatic pseudocyst

Purpose

Description of the clinical case illustrating a variant of the surgical attitude in suppurative PP.

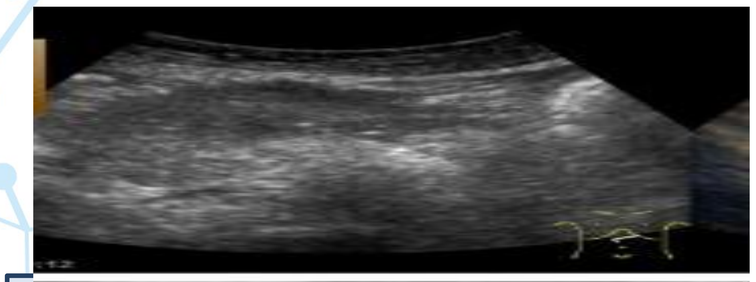

***Fig.1** USG image of suppurative pancreatic pseudocyst*

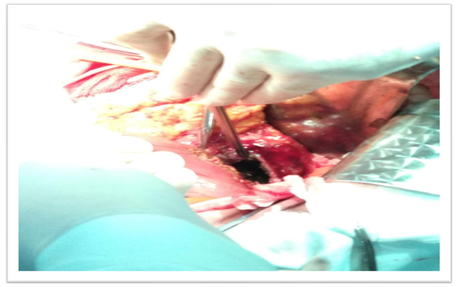

Fig.2 ***Suppura-tive pancreatic pseudocyst***

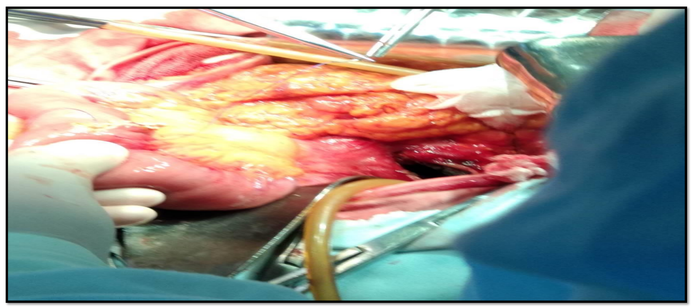

Fig.3Closed drainage of the suppurative pancreatic pseudocyst

Conclusions

USG has a major important in the diagnosis and selection of the approach to the patient with suppurative pancreatic pseudocyst. Regardless of the contemporary arsenal of minimally invasive treatment methods, traditional surgery has indications in suppurated PP in correlation with the size, location of the formation and the presence of necrotic tissue content.

Material and methods

Woman 72 years old, with a history of breast CR T3N1M0 operated,
state after 2 courses of chemotherapy,
hypertension gr. III, ischemic heart disease, angina pectoris IC II NIHA, is hospitalized primarily for severe acute pancreatitis after chemotherapy.
Treatment with evolution in PP. Readmitted over 3 months for severe epigastric pain, multiple vomiting and fever -38˚ C.

Results

Investigations: Le - 18.0x10 9 / l, blood amylase - 116 u / e, urine amylase -1876 u / e. USG - dilimited liquid formation with a diameter of 15 cm with inhomogeneous content, located in the body and pancreatic tail. Surgical treatment: paracostal laparotomy, opening and
evacuation of pus and necrotic masses, bilateral bilumen drainage. Postoperative: by fractional lavage drains with antiseptic and anti-enzyme solutions. The drain on the right removed after 16 days, on the left - 45 days. USG control did not report any remainding cavities. In evolution - insulin-dependent secondary diabetes.