

Hemorrhagic necrotizing pancreatitis with a giant pseudocyst

Hemorajik nekrotizan pankreatitte dev psödokist

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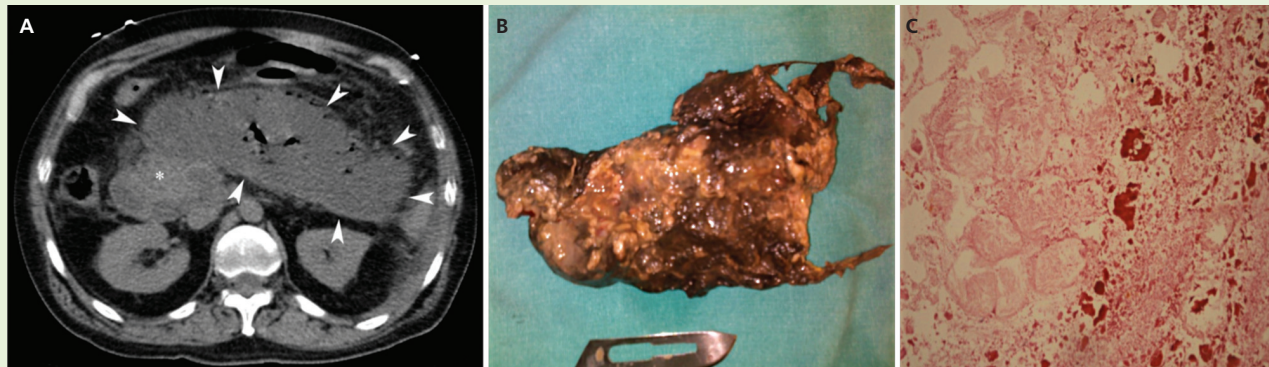
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To the Editor,

A pancreatic pseudocyst is a localized fluid collection within or adjacent to the pancreas, enclosed by a non-epithelialized wall. Pseudocysts account for about 75% or more of the cystic lesions of the pancreas (1). Pancreatitis, trauma and obstructive neoplasms are the common causes. Pancreatic pseudocysts often arise as a complication of acute or chronic pancreatitis. The prevalence of pancreatic pseudocysts in acute pancreatitis has been reported to range from 6%-18.5%, while the prevalence of pancreatic pseudocysts in chronic pancreatitis ranges from 20%-40% (2,3).

A 52-year-old man with a diagnosis of acute pancreatitis was referred to our clinic with diffuse abdominal and back pain. His relatives recalled that he had suffered an acute pancreatitis attack three weeks before. He did not present for follow-up visits as the cyst continued to enlarge. According to his medical history, he had an ischemic stroke attack 13 years before, and had undergone cholecystectomy due to cholelithiasis four years ago. On his physical examination, he had diffuse abdo-

minal tenderness, defense, and rebound. He was also hemiparetic. On admission, he was subfebrile (37.5°C), with tachycardia (112 beats/min) and tachypnea (respiration 28/min). Laboratory examination revealed a white blood cell count of $6.2 \times 10^3/\mu\text{L}$, hemoglobin of 12 g/dl, and platelet count of $381 \times 10^3/\mu\text{L}$. Liver enzymes were increased to 2- to 3-fold of upper normal limits; alanine aminotransferase (ALT) was 107 IU/L (5-40) and aspartate aminotransferase (AST) was 129 IU/L (5-40). Alkaline phosphatase (ALP) was slightly elevated, at 186 IU/L (35-125), as was gamma glutamyl transpeptidase (GGT), at 72 IU/L (10-45). Amylase and lipase were slightly elevated, at 190 IU/L (28-100) and 65 IU/L (13-60), respectively. His coagulation parameters were normal. Blood urea nitrogen was elevated, at 186 mg/dl (13-43), and the creatinine level was elevated, at 2.3 mg/dl. Since his creatinine level was found to be high, an unenhanced abdominal computed tomography (CT) was performed, which revealed a liquid collection measuring 20x7 cm localized approximately to the pancreas, with an irregular and lobulated contour. The liquid



Resim 1. A. Liquid collection measuring 20x7 cm localized approximately to the pancreas, with irregular and lobulated contour and containing air densities, is shown to push against the small intestines and stomach (white arrows). Increase in volume and heterogeneity of the pancreatic corpus adjacent to collection is seen (asterisk). Increased stranding density in the adjacent mesenteric fat tissue is also shown. **B.** Pancreas necrosectomy material has swollen, pale, hemorrhagic, and necrotic appearance. **C.** Necrosis (on the left) and hemorrhage (on the right) are seen in microscopic evaluation (x200).

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collection was seen to push against the small intestines and stomach. Increase in volume and heterogeneity of the pancreatic corpus adjacent to the collection was also seen (Figure 1A). After general surgery consultation, laparotomy was performed. A pseudocyst was observed, and 300 cc purulent fluid was aspirated. The necrotic pancreas segment was also removed (Figure 1B). Necrosis and hemorrhage were also seen in the microscopic evaluation (Figure 1C).

Pancreatic pseudocyst is a well-recognized complication of acute and chronic pancreatitis. Acute pseudocysts of-

ten resolve spontaneously in a considerable time; expectant management for at least 4 to 6 weeks should precede surgery or intervention. However, chronic pseudocysts rarely regress if they are larger than 4-6 cm in diameter (4). Although percutaneous drainage has become an attractive option to manage pancreatic pseudocysts, in complicated cases such as ours, surgical drainage is considered to be mandatory (5). Pseudocysts larger than 10 cm have been termed as giant (6). To our knowledge, the size of the pseudocyst in our case was exceptionally large.

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