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Case Report

Acute Pancreatitis during Pregnancy and Pancreas Pseudocyst: A Case Report

Fatin R. Polat[1]*, Onur Sakalli[1], Sabriye Polat[2], Coskunkan U[1] and Mouiad Alkhatib[1]

[1]*Division of General Surgery, Namik Kemal University, Turkey*
[2]*Division of Pathology, Namik Kemal University, Turkey*

***Corresponding author**
Fatin R. Polat, Namik Kemal University, Division of General Surgery, 59100 Tekirdag, Turkey, Tel: 90 532 396 12 24; Email: polat22@hotmail.com

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Abstract

Pancreatic pseudo cyst which is happened after acute pancreatitis or trauma is a benign pancreatic disease. A patient who was second trimester of pregnancy treated with cystogastrostomy has been presented and relevant literature reviewed.

INTRODUCTION

Acute Pancreatitis is an inflammatory process of variable severity [1-3]. Most episodes of acute pancreatitis are self-limiting and associated with mild transitory symptoms that remit within 3 to 5 days [1-3]. Pseudocysts develop after disruption of the pancreatic duct with or without proximal obstruction; they usually occur after an episode of acute pancreatitis [2-4]. Treatment depends on symptoms, age, pseudocyst size, and the presence of complications. A patient who was second trimester of pregnancy treated with cystogastrostomy has been presented and relevant literature reviewed.

CASE PRESENTATION

A 17-year-old women who 20-22 weeks pregnant, presented with a 24-hour history of diffuse abdominal pain. Physical examination, diffuse abdominal defensive and rebound were observed. Additionally Pregnancy at 20-22 weeks' size was observed. Laboratory evaluation demonstrated a total bilirubin of 1,8 mg/dL, aspartate amino transferase of 50 IU/L, alkaline phosphatase of 203 IU/L and leukocyte 15 000/Dl. The abdominal ultrasound was interpreted as gallbladder wall edema and increased wall thickness (7 mm), 22-25 weeks size in pregnancy. A peripheral line placed and antibiotics and fluids started. But it did not respond to medical treatment. It was decided to laparotomy.

At exploratory laparotomy, the gallbladder was edema and around conjoined. On the omentume multiple small nectrotic abscess were encountered. Also 20-25 weeks size uterus was encountered. Cholecystectomy and omental biopsy were performed. Pathology as a result of acute cholecystitis, and necrosis. The patient was discharged on the seventh postoperative day. 8 week later the birth took place. Subsequently, she had abdominal bloating. Physical examination, there was a mass at upper abdomen. CT examination of abdomen and pelvis was performed with intravenous and oral contrast. A large pseudocyst (17X8 cm) evident in the corpus of the pancreas (Figure 1). Transgastric cystogastrostomy was performed (Figure 2). The postoperative course was uneventful, and the patient was discharged on the fourth postoperative day.

DISCUSSION

Pancreatic pseudocyst which is happened after acute pancreatitis or trauma is a benign pancreatic disease [1]. An acute pancreatic fluid collection follows in approximately 25% of patients with acute pancreatitis. Pseudocysts develop after disruption of the pancreatic duct with or without proximal obstruction; they usually occur after an episode of acute pancreatitis [2-4]. Our case's pseudocyst was occurred after

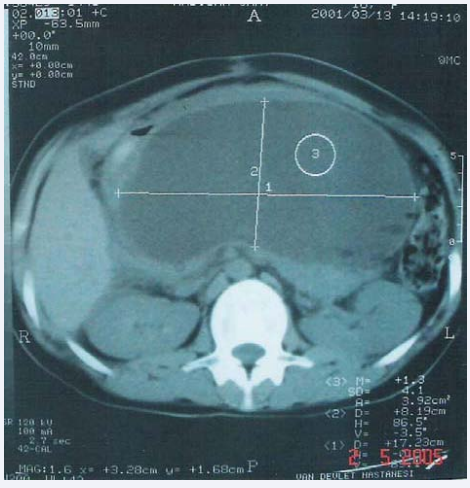

Figure 1 CT pancreatic pseudo cyst view (17X8 cm).

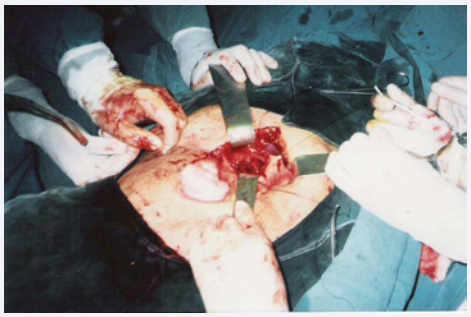

Figure 2 Transgastric cystogastrostomy.

an episode of acute pancreatitis during the second trimesters of pregnancy. Pancreatic pseudocyst during pregnancy is rare [1,5,6].

Diagnosis is done with clinical, laboratory and radiological studies. Computerized tomography (CT) is the radiographic study of choice for initial evaluation of pancreatic pseudocysts and is twice as sensitive as ultrasonography in detection of pseudocysts [2,7]. But during pregnancy it cannot be used. Ultrasonography detects approximately 85% of pseudocysts [2,6]. Its use is limited by obesity and bowel gases; otherwise it may be used in follow-up studies once a pseudocyst has been identified by CT scan. Also it's useful during pregnancy. The case was diagnosed and followed by Ultrasonography.

Treatment depends on symptoms, age, pseudocyst size, and the presence of complications. Pseudocysts smaller than 6 cm and present for less than 6 weeks have low complication rates [2,7-9]. The chance of spontaneous resolution after 6 weeks is low, and the risk of complications rises significantly after 6 weeks [4].

If the pseudocyst is new, asymptomatic, and without complications, the patient can be followed with serial CT scans or ultrasonography to evaluate size and maturation of the pseudocyst (nonoperative way) [2]. If pseudocysts great than 6 cm and present for more than 6 weeks it should be operated. Operative ways are percutaneous drainage, cyst excision and internal drainage. Internal drainage include Roux-en-Y cystojejunostomy, loop cystojejunostomy, cystogastrostomy, and cystoduodenostomy [2,4]. A biopsy of the cyst wall should be obtained to rule out cystic neoplasm. Our case is operated after giving birth, the pseudocyst size was 17x8 cm and located behind of stomach and cystoduodenostomy was done.

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