Intrahepatic Pancreatic Pseudocyst: a Rare Complication of Pancreatitis

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A 72-year-old male presented with two weeks of abdominal pain and intermittent emesis. He had a past medical history of gallstone-induced chronic pancreatitis and poorly controlled type 2 diabetes. Admission abdominal computed tomography (CT) scan showed acute on chronic pancreatitis with the development of pancreatic pseudocysts (Fig. 1). Initial lab work showed no anemia, a leukocytosis of 19,000/mm³, sodium 136 mmol/L, potassium 4.6 mmol/L, chloride 90 mmol/L, carbon dioxide 16 mmol/L, creatinine 0.82 mg.dL, and an anion gap of 30. He was treated for diabetic ketoacidosis resulting in an improvement in his abdominal pain. On hospital day 7 the patient developed worsening abdominal pain, tachycardia, hypotension, a palpable upper abdominal mass and a white blood cell (WBC) count of 42,000. Repeat abdominal CT showed a new 16.5x5.6x14cm subcapsular fluid collection involving the left lobe of the liver (Fig. 2). An indwelling pigtail catheter was placed under CT guidance with an initial drainage of 500ccs. Fluid analysis revealed amylase >20,000 U/L, lipase >12,000 U/L, and leukocytes 68,000/mm³, consistent with a pancreatic pseudocyst. Fluid cultures were negative. The patient was treated with meropenem and piperacillin/tazobactam and repeat CT on hospital day 14 showed near resolution of the pseudocyst.

Intrahepatic pancreatic pseudocysts (IHPP) are rare complications of pancreatitis with an estimated annual prevalence of 1.2 cases per year [1]. Pseudocysts are walled-off collections of mature fluid and are present in 10% of the patients with chronic pancreatitis. However, only 22% of these cysts are extra-pancreatic [2]. The average reported diameter is 9.5cm and half of them occur in conjunction with a pancreatic pseudocyst and 48% affect the left lobe of the liver [3]. The mean WBC count was 15,000 and 84% of fluid aspirates were culture negative.

Intrahepatic pancreatic pseudocyst is a rare complication that frequently requires prompt intervention with a percutaneous drain to prevent complications.

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Conflicts of interest: None to declare.

REFERENCES