# A case of mediastinal pancreatic pseudocysts mimicking esophageal varices with successful endoscopic drainage

Inomata, Noriko
Sakai, Arata
Abe, Shohei
Kodama, Yuzo

(Citation)
Digestive and Liver Disease,54(3):407-408

(Issue Date)
2022-03

(Resource Type)
journal article

(Version)
Accepted Manuscript

# A case of mediastinal pancreatic pseudocysts mimicking esophageal varices with successful endoscopic drainage

Noriko Inomata[1], Arata Sakai[1], Shohei Abe[1], and Yuzo Kodama[1]

[1]Division of Gastroenterology, Department of Internal Medicine, Kobe University Graduate School of Medicine

Corresponding author:
Arata Sakai
Tel: +81-78-382-6305
Fax: +81-78-382-6309
E-mail: asakai@med.kobe-u.ac.jp

Conflict of Interest Disclosures:

The authors have no conflicts of interest to disclose concerning this article.

Grant support:

This work was supported by JSPS KAKENHI Grant Number JP19K07938

Electronic word count: 220 words

Keyword:

mediastinal pancreatic pseudocyst, endoscopic pancreatic duct drainage, pancreatic duct leak, chronic pancreatitis

Mediastinal pancreatic pseudocysts (PPCs) caused by pancreatic duct leaks are rare complications of chronic pancreatitis [1]. In such cases, immediately resolving the leak before an esophageal fistula develops is important [2]. Here, we report a case in which mediastinal PPCs were successfully treated with endoscopic nasal pancreatic drainage (ENPD).

A 66-year-old male was referred to our hospital with abdominal pain caused by chronic alcoholic pancreatitis. Contrast-enhanced CT revealed pancreatic stones in the pancreatic body (Fig. a, red arrow) and a pancreatic duct leak on the distal side of the stones (Fig. a, red arrowhead). Mediastinal PPCs, extending from the pancreatic duct through the esophageal hiatus, were also observed (Fig. b, yellow arrowhead).

Upper gastrointestinal endoscopy (UGE) revealed multiple submucosal bulging areas mimicking esophageal varices. They were caused by mediastinal PPCs, extending into the esophageal wall (Fig. c). Endoscopic retrograde pancreatography showed a pancreatic duct leak (Fig. d), and a 5Fr ENPD tube was inserted to bridge it. Follow up CT showed immediate resolution of the PPCs, and UGE revealed that the esophageal submucosal bulging areas had also resolved (Fig. e). Afterwards, the pancreatic stones

were completely removed by extracorporeal shockwave lithotripsy with subsequent endoscopic stone extraction. The patient's post-treatment course was uneventful.

REFERENCES

1. Vivian O, Muhammad N.Y, et al. Endoscopic management of pancreatic duct disruption with large mediastinal pseudocyst. Video GIE 2018;16:162-65.

2. Ikegawa T, Sakai A, et al. Successful endoscopic closure of an esophagobronchial fistula as a result of a pancreatic pseudocyst with the over-thescope clip system and endoscopic nasopancreatic drainage. Digestive Endoscopy 2019; 31:460-67

Figure 1

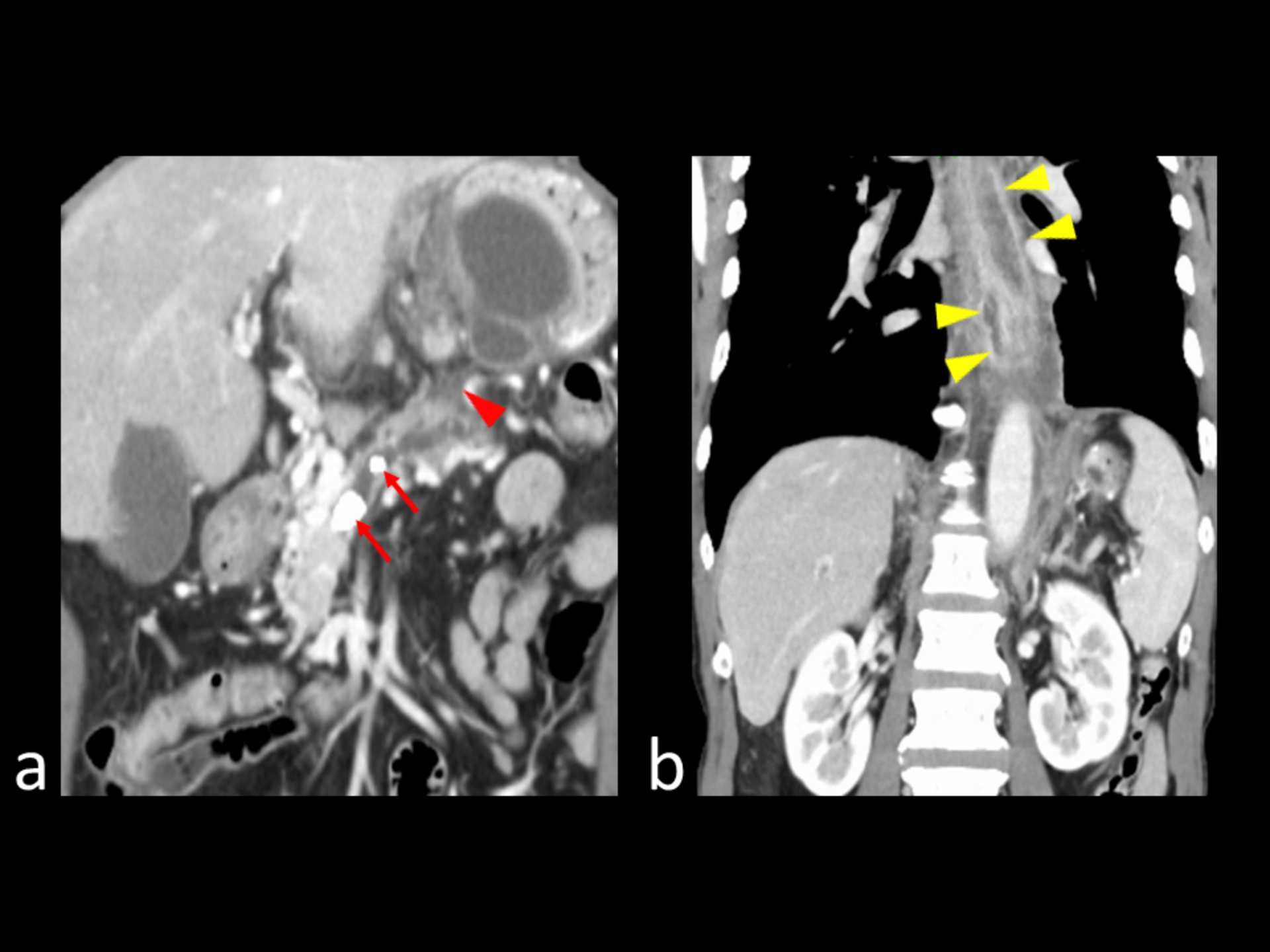
A contrast-enhanced CT scan revealed pancreatic stones in the pancreatic body (a. red arrow) and a pancreatic duct leak on the distal side of the stones (a. red arrowhead). Mediastinal pancreatic pseudocysts were extending from the pancreatic duct through the esophageal hiatus(b. yellow arrowhead ).

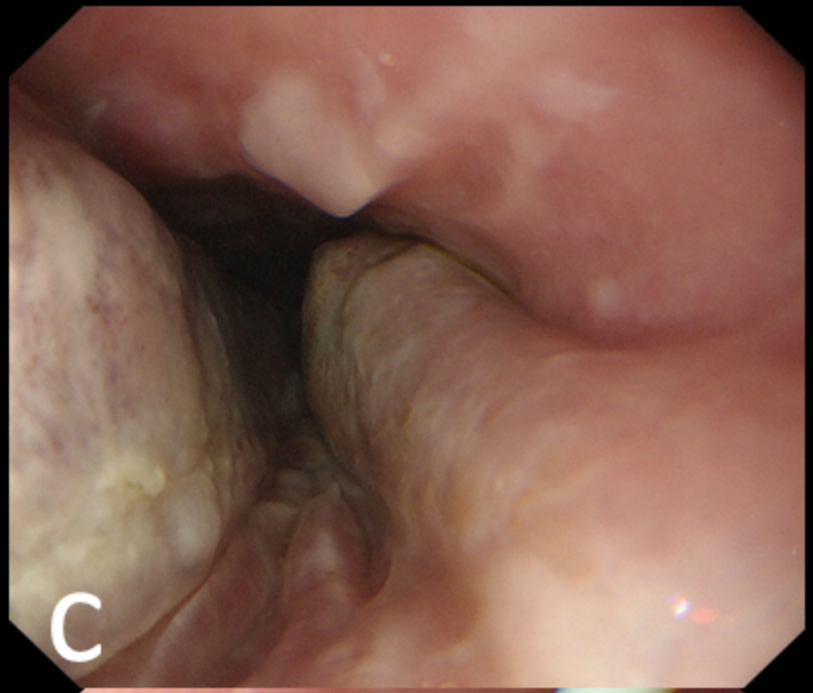
Figure 2

Upper gastrointestinal endoscopy (UGE) revealed multiple submucosal bulging areas mimicking esophageal varices (Fig. c). Endoscopic retrograde pancreatography showed a pancreatic duct leak (Fig. d). UGE revealed that the esophageal submucosal bulging areas had also resolved (Fig. e).

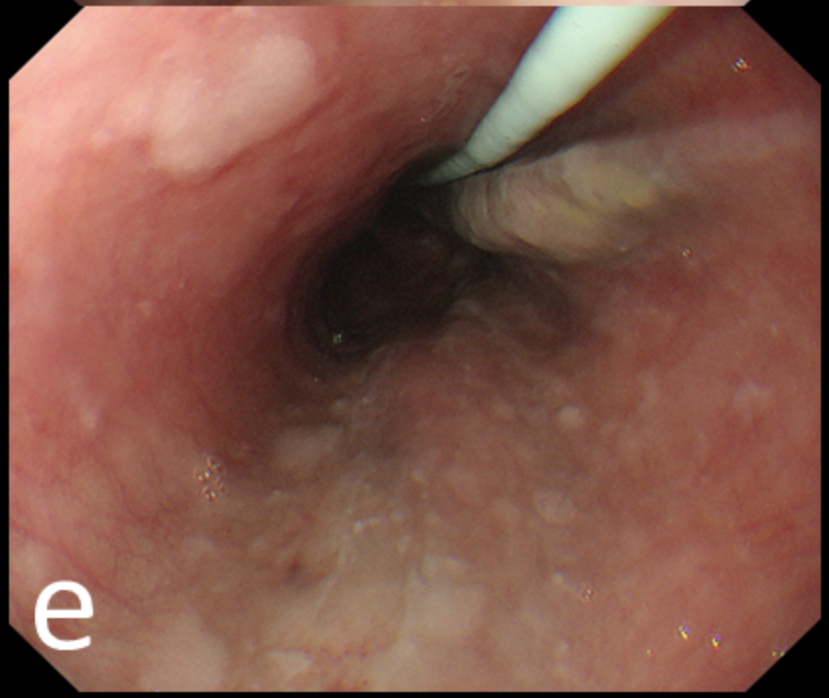
Informed consent:

Informed consent was obtained from the patient for the publication of his information and imaging.


a
b


c


d


e