

PSEUDOCISTE PANKREASA: OBSERVACIJA ILI LEČENJE

PANCREATIC PSEUDOCYSTS: OBSERVATION OR TREATMENT

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Sažetak:

Pseudociste pankreasa su dosta retka posledica akutnog ili hroničnog pankreatitisa i trauma pankreasa. Njihov tok i lečenje zavise od etiologije. Hirurško lečenje sa unutrašnjom drenažom je metod izbora.

U ovom radu izloženi su slučajevi 6 bolesnika sa pseudocistama posle epizode akutnog pankreatitisa izazvanog žučnim kamencem. Kod njih je postojao normalan pankreatični duktus. Među bolesnicima je bilo 4 žene i 2 muškarca, sa prosečnom starošću od 62 ± 5 godina. Kod svih bolesnika dijagnoza je postavljena kompjuterizovanom tomografijom. U dva slučaja došlo je do spontane regresije cisti, dok je kod 4 bolesnika učinjena operacija posle 8 nedelja. Kod 3 bolesnika učinjena je cistogastrostomija sa holecistektomijom, a kod 1 bolesnika Roux-en-Y cistojejunostomija sa holecistektomijom. Svi bolesnici su se oporavili. Zaključujemo da je peruod praćenja od 8 nedelja neophodan za donošenje pravilne terapijske odluke.

Gljučne reči: Pseudociste pankreasa, tretman, observacija

Abstract:

Pancreatic pseudocysts represent a rather uncommon complication of acute or chronic pancreatitis, and pancreatic trauma. The etiology determines their course and management. The surgical intervention with internal drainage is the most preferable method.

We present 6 patients with pseudocyst followed an episode of acute gall-stone pancreatitis, in which a normal pancreatic duct with rare communication exists, in order to emphasize the best management policy.

Our patients consist of 2 males and 4 females with a mean age 62 ± 5 years. In all cases the diagnosis was made by CT scanning. In two cases a gradual regression of cysts size was occurred, whereas in 4 cases the operation was unavoidable after a 6 to 8 week expectancy period, because of persistent size > 6 cm. In 3 cases a cystogastrostomy and in one case a cystojejunostomy Roux-en-Y additionally to cholecystectomy were carried out. The postoperative outcome was satisfactory.

We conclude that an initial observation period by serial CT and the choice of timing are necessities of great importance. The kind of operation depends largely on cyst size and location.

Key Words: pancreatic pseudocysts, treatment, observation

Introduction

Pancreatic pseudocysts is an inflammatory fluid collection in or around the pancreas lacking an epithelial lining, but having a wall consisted of collagen and granulation tissue bounded by neighboring organs. It constitutes a rather unusual (10 per cent) complication of acute and chronic pancreatitis, or pancreatic trauma, and was originally described by Morgagni in 1761 (1).

Pseudocysts accounting for 70 per cent of cystic pan-

creatic lesions should be distinguished from other cysts (parasitic, congenital, retention), and especially neoplastic or proliferative, because a different management policy is required in each case (2-4).

The first surgical management by excision was attempted in 1822, and the next year the first external drainage by marsupialization was performed. Later, the internal drainage procedures, cystogastrostomy in 1921, cystoduodenostomy in 1928, and cystojejunostomy in 1931 were described (1).

