Endoscopic Ultrasound Guided Drainage of Splenic Pseudocyst Communicating with Pancreatic Duct

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Case

• A 35-year-old male diagnosed case of recurrent episodes of pancreatitis for 4 years

• Now presented with left upper quadrant pain and fever: 15 days

• Laboratory evaluation

  White Cell count - 14,000 cc/mm³,

  Serum amylase - 480 and lipase - 560 IU/L (>3 upper limit of normal)

• MRCP - showed increasing size of splenic collection in comparison with previous imaging.
MRCP: Significantly increase in size of collection communicating to pancreatic duct.
In view of symptoms with increasing size of collection

Drainage was planned

High risk of fistula formation – percutaneous drainage was not done

EUS guided splenic pseudocyst drainage
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A) Puncture of pseudocyst with 19-gauge needle
B) Coiling of 0.025 guidewire through the needle
C) After dilating tract with cystotome – proximal flange of plastic stent deployed under fluoroscopy
D) Distal flange of plastic stent deployed under endoscopic view
Post procedure - ERCP

- Partial pancreas divisum with normal diameter PD and leak from tail region

- Minor papilla sphincterotomy done and pancreatic stent placed bridging the leak
Video:
Demonstrating EUS guided drainage of splenic pseudocyst
Conclusion

• EUS guided drainage is safe and effective for large splenic pseudocyst communicating with pancreatic duct.

• Combination of both transmural and trans-papillary drainage can be performed for large communicating splenic pseudocyst.