

LAPAROSCOPIC CYSTOGASTROSTOMY FOR PANCREATIC PSEUDOCYST, IS IT STILL RELEVANT TODAY?

ST Tee¹, Roslina A², Ernest CW Ong³

¹ *Department of General Surgery, Hospital Bintulu, Bintulu, Sarawak, Malaysia*

^{2,3} *Department of General Surgery, Sarawak General Hospital, Kuching, Sarawak, Malaysia*

Aim

Various drainage modalities are available for pancreatic pseudocyst. Endoscopic cystogastrostomy is superior to open, percutaneous and laparoscopic drainage, in being minimally invasive, well tolerated, quick post-procedure recovery and shorter hospital stay. We demonstrated a successful laparoscopic internal drainage of pancreatic pseudocyst in a patient who had difficulty with access to the tertiary center for an endoscopic cystogastrostomy.

Methods

In this case report, we present our first laparoscopic cystogastrostomy in a district hospital for a patient with pancreatic pseudocyst. Patient is a 55-year-old man, sustained a grade 3 pancreatic injury post trauma, complicated with symptomatic pancreatic pseudocyst 2 months later, measuring 5cmx13cmx6cm on a contrasted abdominal computed tomography. Oesophagogastroduodenoscopy (OGDS) showed a huge bulge at the posterior gastric wall partially compressing the stomach. He was initially planned for an endoscopic cystogastrostomy by the hepatopancreatobiliary (HPB) team in a tertiary center, which was not available in the index setting. However, patient had logistic difficulties and financial constraints, where he urged for an alternative. Case was discussed with an HPB consultant, subsequently resorted to a laparoscopic cystogastrostomy by a general surgeon in the district hospital.

Results

He underwent the surgery uneventfully, where a 3-port approach was made, anterior gastric wall incised, a stapled cystogastrostomy was created through the defect made at the posterior gastric wall, anterior gastric wall was then repaired intracorporeally. He returned home on postoperative day 3, reassessment OGDS 2 months later revealed a sealed cystogastrostomy. He was last reviewed in the surgical clinic, he has returned to his usual daily activities, clinically well, no abdominal pain or distension. Abdominal ultrasonography showed resolved pancreatic pseudocyst.

Conclusion

With advances in endoscopic technology, there is an increasing role of endoscopic cystogastrostomy. Laparoscopic internal drainage of pancreatic pseudocyst is still a safe and feasible alternative when endoscopic technique is not available.

Word Count: 294