

Case Report

“Mediastinal Pseudocyst: A Case Report and Review of Literature”

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Abstract: A mediastinal pseudocyst is the extension of pancreatic pseudocyst into the posterior mediastinum through esophageal or aortic hiatus or rarely through the foramen of Morgagni. It is a rare complication of acute or chronic pancreatitis. We report a rare case of mediastinal pseudocyst of a 35-year-old male alcoholic who was presented with dyspnea, hemoptysis.

Keywords: MP, Pancreatitis, dyspnea, hemoptysis.

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INTRODUCTION

A mediastinal pseudocyst is the extension of pancreatic pseudocyst into the posterior mediastinum through esophageal or aortic hiatus or rarely through the foramen of Morgagni. It is a rare complication of acute or chronic pancreatitis. It can present with symptoms due to compression or complications caused by the cyst. The symptoms include dysphagia, odynophagia, chest pain, dyspnea and symptoms of pericardial or pleural effusion. It is believed that during the acute phase of pseudocyst formation the fluid may track along the path of least resistance to gain access into the posterior mediastinum through diaphragmatic foramen and hiatus. Later in the phase, the outer wall gets organized to form a pseudocyst.

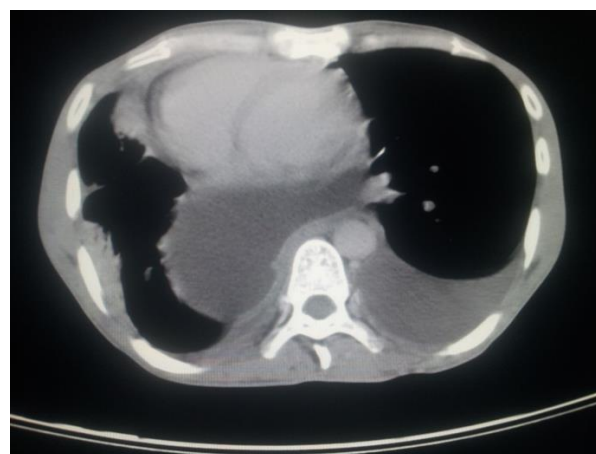
CASE REPORT

A 35-year-old male with a history of chronic pancreatitis due to alcoholism presented with dyspnea and cough at which time he was diagnosed with pleural effusions, treated, and discharged. Two months later, he was readmitted with hemoptysis and abdominal pain. CT and MRI of the chest demonstrated a mediastinal cystic mass that communicated with the

retroperitoneum. Ultrasound-guided aspiration of the cystic mass revealed high levels of amylase, confirming that the mass was a rare pancreatic pseudocyst extending into the mediastinum.

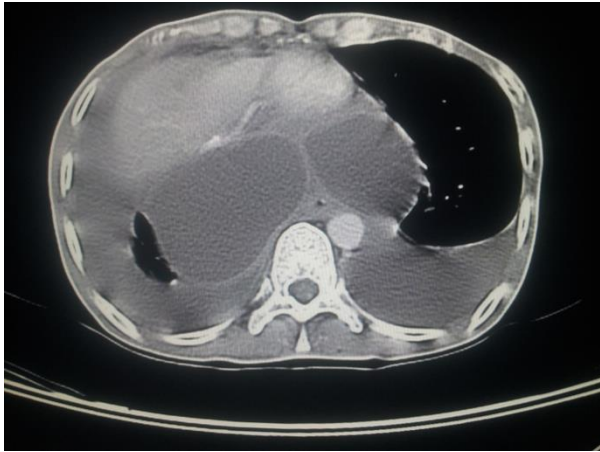
Imaging

CT:



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MRI:



DISCUSSION

They can be single or multiple. Most cysts (90%) are single. The most common site of involvement is the lesser sac. However, an enlarging pseudo cyst dissects along the planes of least resistance and may extend through anatomically preformed points passage such as the aortic and oesophageal hiatus or more rarely, the foramen of Morgagni. It may be associated with pleural effusion. Patient may present with complaints related to compression of surrounding structures such as oesophagus, trachea, and retrocardiac.

CONCLUSION

The differential will depend on the clinical context but as broad differential for cystic mediastinal lesions. The ideal form of management is controversial, and various successful therapeutic interventions including surgical resection and endoscopic transpapillary nasopancreatic drainage.

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