Mediastinal pancreatic pseudocyst in chronic pancreatitis

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A 14-year-old girl with chronic pancreatitis presented with palpitations, dysphagia, and pain in the subxyphoid region radiating to her back for 3 months. A contrast-enhanced CT showed a large cystic mass in the mediastinum compressing the heart and esophagus (Fig. 1, arrow). It arose from the pancreas, extending into the mediastinum through the esophageal hiatus (Fig. 2). Note pancreatic calcifications (Fig. 2, arrow).

Pancreatic pseudocysts are complications of acute or chronic pancreatitis; they can extend well beyond the

Fig. 1 Axial CT

Fig. 2 CT with coronal reformation

pancreas. The most common route of dissection of a mediastinal pancreatic pseudocyst is through the esophageal or aortic hiatus. Rarely, communication can occur via the foramen of Morgagni or by direct erosion through the diaphragm [1]. Complications of mediastinal pancreatic pseudocyst include infection and hemorrhage, as well as compression, invasion, and rupture of the pseudocyst into surrounding structures [2].

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