Pancreatic pseudocyst: spontaneous resolution by gastric erosion

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A 49-year-old gentleman presented with upper abdominal discomfort, anorexia, and nausea of 4 weeks duration. Four months prior, he had received treatment in another hospital for severe epigastric pain. He admitted to consuming alcohol twice weekly, but had stopped after the previous episode of pain. Physical examination revealed a 12 cm × 10 cm nontender, nonmobile, epigastric lump. A contrast-enhanced computed tomography scan of the abdomen showed a well-defined pseudocyst of size 11.2 cm × 11.2 cm × 9.6 cm in the head, body, and neck of the pancreas displacing the distal stomach towards the right side (Fig. 1). One day prior to

scheduled surgical drainage, he developed melena, and the abdominal lump resolved. An abdominal sonography showed marked reduction in the size of collection (from 600 to 30 mL) with internal air foci. Gastroscopy showed an ulceronecrotic area in the body of the stomach with no active bleeding (Fig. 2). This patient had spontaneous gastric drainage of the pseudocyst. He remained well after 5 months, and declined further investigations. Spontaneous internal drainage of pseudocysts into the stomach is very rare due to its thick and well-perfused wall, [1] and the capacious lesser sac that provides room for decompression.

Fig. 1 Computed tomography scan of abdomen showing pseudocyst in head, neck and body of pancreas displacing the distal stomach to the right

Fig. 2 Ulceronecrotic area in the body of the stomach with no active bleeding

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