

## LAPAROSCOPIC CYSTOGASTROSTOMY FOR PANCREATIC PSEUDOCYST (CASE REPORT)

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**ABSTRACT:** *Case of upper abdominal pain diagnose as a case of pseudopancreatic cyst by abdominal CT- scan ,operation was done by laparoscope as gastrocystostomy (draining the cyst then open the posterior stomach wall and anastomosis with the pancreatic cyst by use of stapler purple in color .the benefit of do this type of operation by laparoscope are noninvasive access like open laparotomy and short duration stay in hospital as early healing state and no scar of laparotomy laparotomy and also very low risk of wound infection and incisional hernia so my patient was discharge early in comparison with open laparotomy .*

**KEYWORDS:** pseudopancreatic cyst, stomach ,pancreas ,laparoscopic surgery

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### INTRODUCTION

- **Chief complaint and its duration**

Upper central abdominal pain of one month and half duration.

- **History of Present Illness : G3 P3 A0**

The patient has no history of any chronic medical illness, the story started before one month and half as upper central abdominal pain , of gradual onset, it started as a moderate pain and increased gradually in severity over the first two weeks of the history to get severe (awakened the patient from sleep and interfered with her daily activities) . The pain was colicky in nature , came in bouts (attacks) , about 5 attacks per day , each attack lasted for about half an hour It came mostly at night , radiated to the back . It had no relation to food. The pain was aggravated by exercise and stress and relieved only by medications (Pain killers) . It was associated with nausea but no vomiting , also with decreased appetite and slight weight loss (roughly estimated) there was no fever , no change in bowel habit, no bleeding per rectum , no abdominal distention and no heart burn . the patient consulted many doctors but without any benefit then admitted to Al.Jadria private hospital through a private clinic . There is no history of any previous similar attack .

### REVIEW OF OTHER SYSTEM

- **Genitourinary system:** no loin pain , no frequency , no urgency, no hesitancy , no intermittency , no polyuria , no oliguria, no change in the colour or odour of urine , no suprapubic pain , no vaginal discharge , no vaginal bleeding , no dysmenorrhea and no menstrual disturbances .

- **Cardiovascular system:** no chest pain, no palpitations, no central or peripheral cyanosis, no SOB, no dizziness, no orthopnea, no paroxysmal nocturnal dyspnea and no ankle edema.

To be continued: Review of other systems:

- **Respiratory system:** no cough, no sputum , no SOB , no Central cyanosis .
- **Nervous System:** she complains of headache (mild) . no disturbance in the level of consciousness , no change in the memory , no change in the vision , hearing or smell , no fit (no abnormal body or eye movements) , no numbness, no parasthesia and no weakness .
- **Skin and Skin appendages:** no itching, no change in the colour of skin and no hair loss.
- **Past medical history :**
  - No any chronic illness (no hypertension , no diabetes mellitus, no asthma , no epilepsy , no anemia and no bleeding tendency)
  - No history of any chronic infection.
- **Past surgical History:**
  - No history of any previous surgery.
  - No history of blood transfusion.
  - No history of trauma.
- **Drug History:**
  - No allergy to any known drug.
  - No Chronic drug else or abuse.
  - The patiseat is fully vaccinated
- **Family History:**
  - Her father is hypertensive and her mother is also hypertensive and diabetes (type II). The do not have any other chronic illness.
  - No history of any chronic illness in other family members apart from her father and mother.
  - No similar history in any of her family members.
- **Social history:** the patient is a housewife, her husband is a free worker, she is a primary school graduate. She lives in an urban area, in a shared owned house haring five domestic animals. The have a medium monthly income.
- **Hospitalization history:**

- No any previous hospitalization

- On examination

Patient look ill on pain

Abdominal examination

Tenderness and guarding in upper central abdominal part

No jaundice , no fever ,no lymph node enlargement ,no colles or petrose sign or fox sign (retroperitoneal haemorrhage).

- Investigation include

- CBC within normal limit

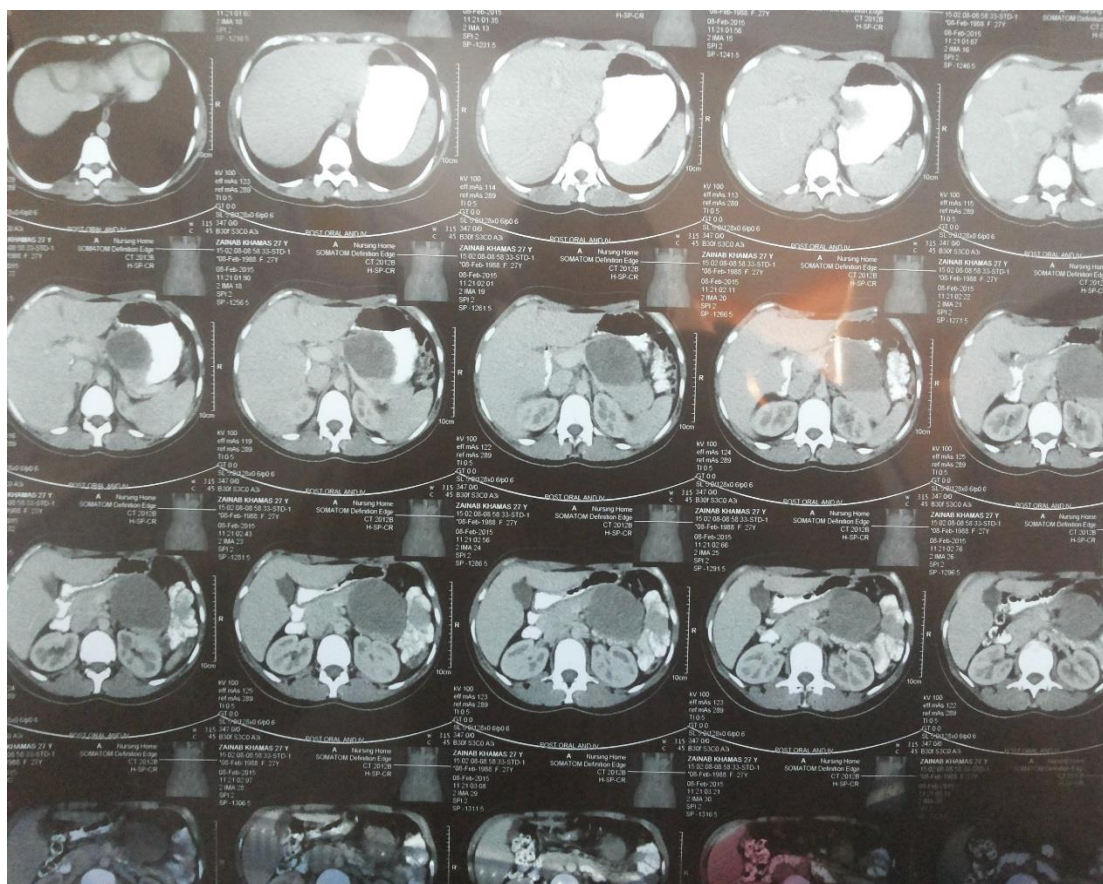
- Blood urea and creatinine within normal limit

- All electrolyte with serum calcium within normal limit

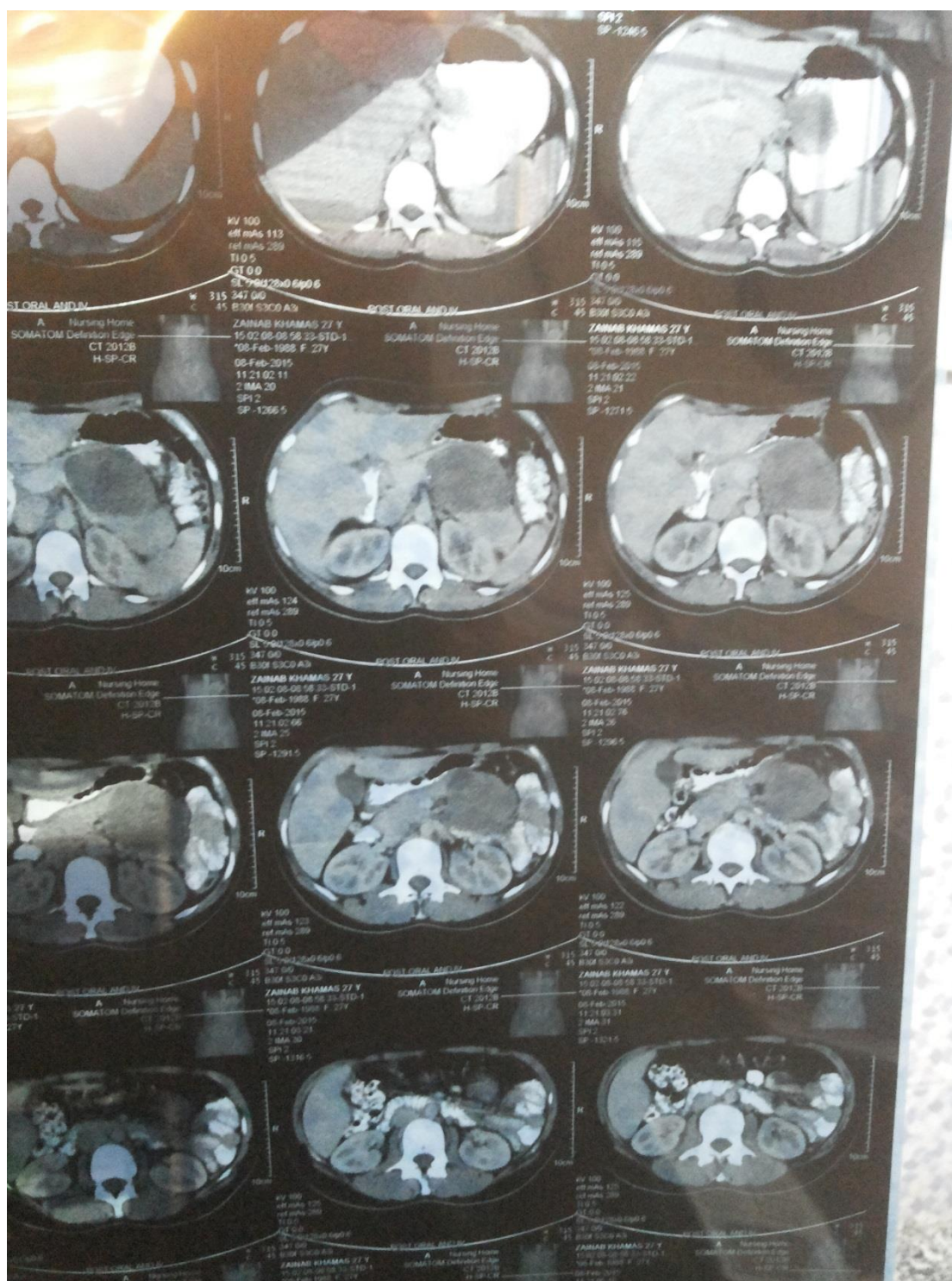
- Serum amylase also within normal limit

- CRP positive .

Abdominal CT- scan with oral contrast show:-







Decision for operation to do **Laparoscopic Cystogastrostomy for pancreatic pseudocyst.**

Link of operation

<https://www.youtube.com/watch?v=PKC8orImD24>

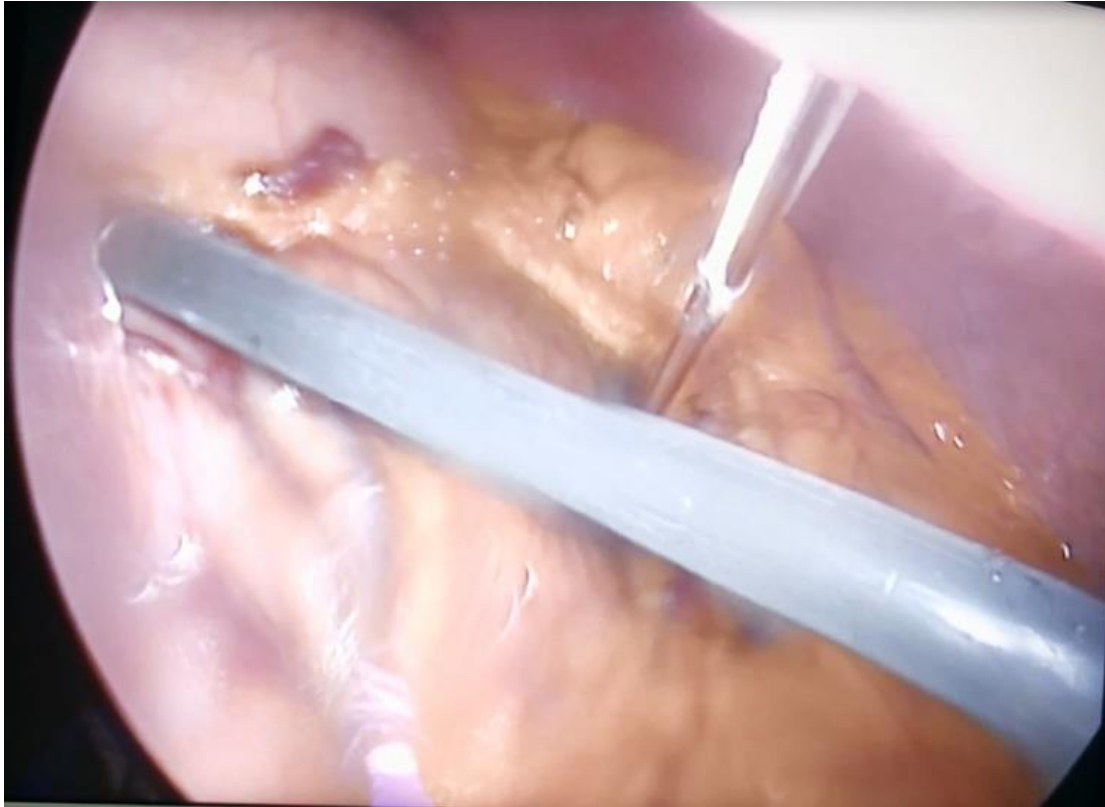
Prepare to operation by fasting for 8 hours and prophylactic antibiotic given at the time of induction and prepare 2 pints PRPC with 8 units FFP.

Pneumoperitoneum for 13 mmHg .

Intraoperative finding include well define pancreatic cyst about 10cm \*7cm thick wall

Procedure

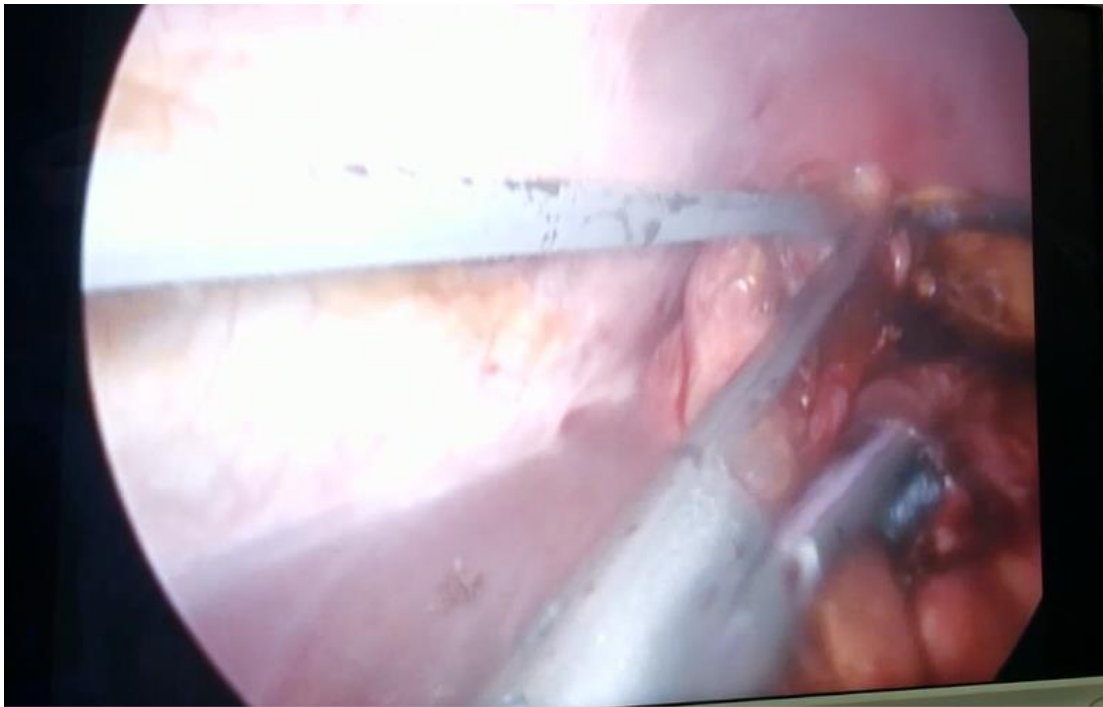
Release of greater omentum by use ligature then aspiration about 200mm from the cyst



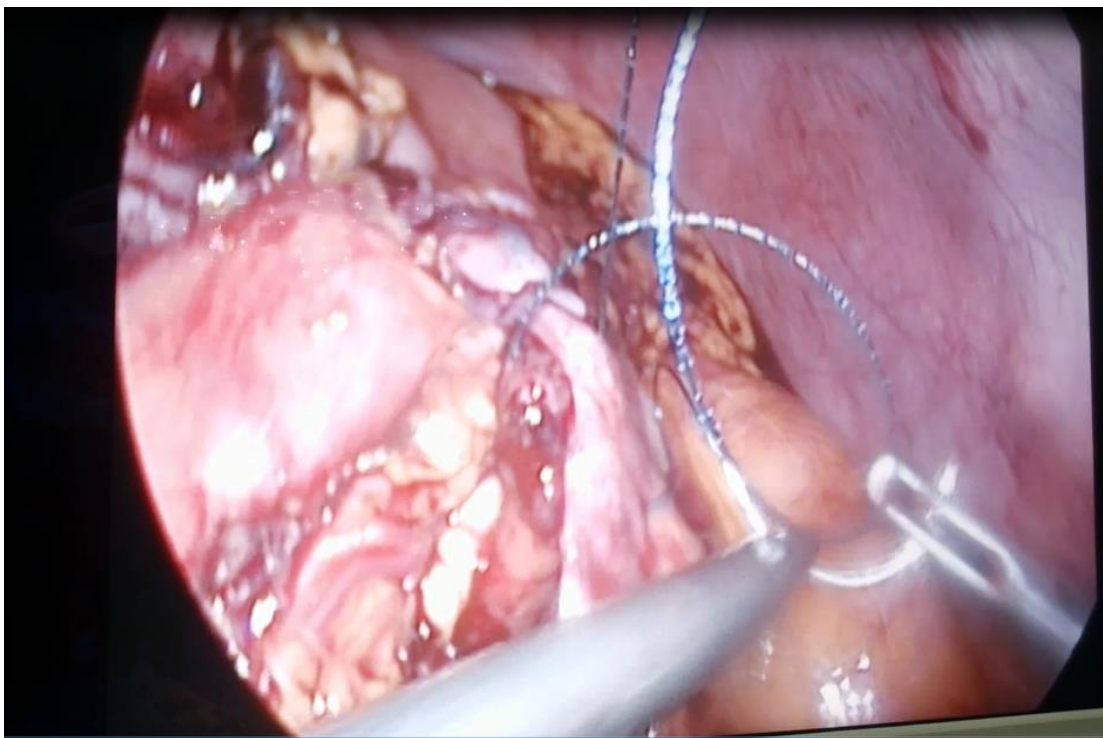
The aspiration sample send for analysis and culture and sensitivity.



Small opening in posteral wall of stomach and in the cysy then anastomosis by using tristiplare purple in collar 60 mm covidine



And close the opening by suturing using V-LOC 3/0 absorbable after nasogastric tube inserted in pancreatic cyst.



Postoperative order include:-

- 1- NPO

- 2- I.V. FLUID
- 3- I.V. ANTIBIOTIC
- 4- PPI
- 5- PAIN KILLER ON NEED
- 6- EARLY MOBILIZATION
- 7- WOUND CARE AND DRESSING



patient was discharge to home after 72 hours and doing well.

Personal History :

- A twenty seven (27) years old female (♀) , housewife , married and has three children (boys) , lives in Iraq-Baghdad , Karkh –El, Doora , Whose name is Z. K. El-Qaisi Presented with :