Annex

Endoscopic management of pancreatic pseudocysts

Dr Ishan de Soyza

Indications

Infection

Symptoms

Size > 6cm

Duration >6 weeks

Techniques

Endoscopic drainage may be either transpapillary (via ERCP) or trans-mural. Both modalities require careful patient selection to ensure success and safety.

- Transpapillary drainage, while safer and more effective than transmural drainage, requires cyst communication with the pancreatic duct. This technique may be technically challenging because it requires wire passage and stenting through the pancreatic duct to the pseudocyst. The success rate is about 80%. The recurrence rate is 10-14%, and, in most series, the complication rate (mainly pancreatitis) is approximately 13%.
- Endoscopic transmural drainage is also possible. This involves performing an endoscopy and finding a bulge within the wall of the stomach or duodenum caused by compression of the pseudocyst. The cyst is generally entered using a needle knife to cut through the gastric or duodenum wall, and a series of pigtail stents are placed through the resulting communication. Some have adapted the technique to avoid diathermy, thus decreasing possible complications. The method has an 82-89% success rate in very experienced hands. The recurrent rate is 6-18%. The complication rate is 20%, with the most feared complication being bleeding.
- the complication rate decreases and efficacy increases with experience. Weckman reported an approximately 86% success rate with endoscopic drainage with a 10% complication rate and a 14% failure rate.[1] There appeared to be about a 15% recurrence rate. There was no real difference in outcome in patients treated with a transpapillary or transmural approach.

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