

[PICTURES IN CLINICAL MEDICINE]

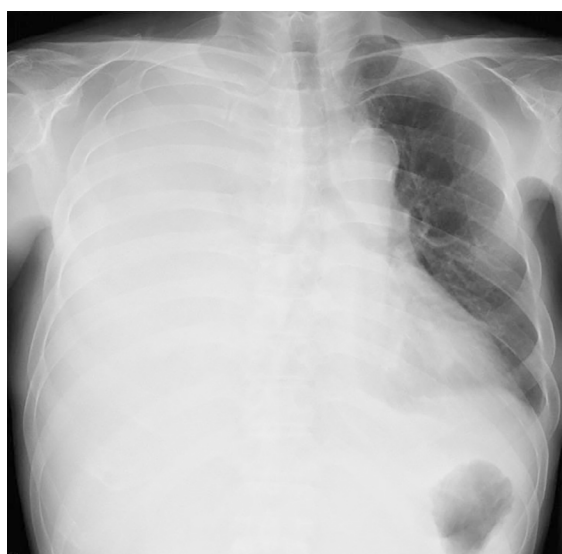
Pancreaticopleural Fistula Resulting in Formation of Mediastinal Pseudocysts

Masatake Nishiwaki, Chiemi Mizuno, Masayuki Mizuno and Toshihide Shima

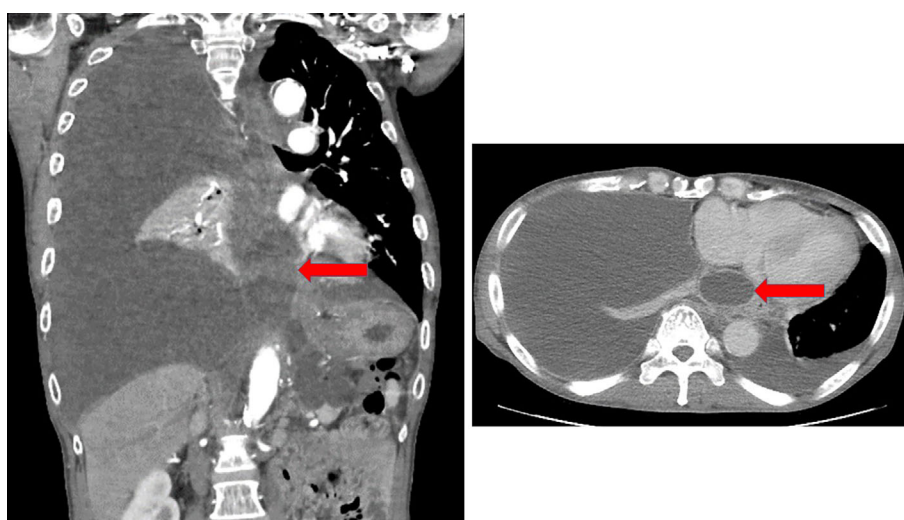
Key words: pancreaticopleural fistula, mediastinal pseudocyst, pleural effusion

(Intern Med 58: 1041-1042, 2019)

(DOI: 10.2169/internalmedicine.1959-18)



Picture 1.

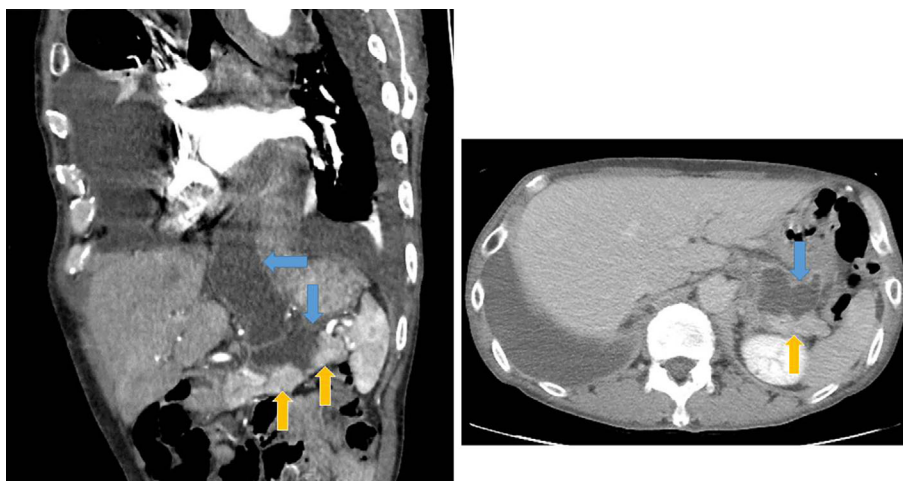


Picture 2.

Department of Gastroenterology and Hepatology, Saiseikai Suita Hospital, Japan

Received: August 16, 2018; Accepted: September 18, 2018; Advance Publication by J-STAGE: November 19, 2018

Correspondence to Dr. Masatake Nishiwaki, acz622800@gmail.com



Picture 3.

A 48-year-old man, who was a heavy drinker, presented to our hospital with dyspnea that had persisted for two weeks. A chest radiograph (Picture 1) and computed tomography scans revealed right massive pleural effusion and mediastinal pseudocysts (Picture 2: red arrow) extending from the tail of the pancreas (Picture 3: blue arrow, pancreatic pseudocysts; yellow arrow, pancreas). The pleural fluid aspirated was dark brown with a high amylase content (2,982 IU/L). After drainage of the right pleural effusion, he was treated by surgical resection and internal drainage. He was discharged three weeks after surgery and has shown no recurrence. Pancreaticopleural fistula, leading to the formation of mediastinal pseudocysts, is a rare complication of pancreatitis and results from the disruption of the main pancreatic duct and tracking of pancreatic fluid through the retroperitoneum into the mediastinum via the aortic or esophageal hiatus (1, 2). Pancreaticopleural fistula should be

included in the differential diagnosis of massive pleural effusion.

The authors state that they have no Conflict of Interest (COI).

References

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2. Cameron JL. Chronic pancreatic ascites and pancreatic pleural effusions. *Gastroenterology* **74**: 134-140, 1978.

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