Abstract: Pseudocyst of the pancreas is a localized fluid collection, rich in pancreatic enzymes and is surrounded by a wall of fibrous tissue that is not lined by epithelium. They are caused by pancreatic ductal disruption following increased pancreatic ductal pressure as a sequelae to acute or chronic pancreatitis. Here we report a rare presentation of a patient with dysphagia due to pseudocyst of pancreas.

Keyword: Pancreatic pseudocyst, dysphagia, Pancreatitis.

Case Details: A 36 year old gentleman who was a chronic alcoholic for more than 20 years presented to us with a history of progressive dysphagia and continuous retrosternal chest pain of 12 days duration. Dysphagia was mainly for solid foods. Chest pain associated recurrent vomiting or reflux symptoms or haematemesis. There was no cough, breathlessness or loss of weight or appetite or any cardiac illness in the past. He had past history of intermittent epigastric pain for last 3 years. He was diagnosed as having chronic pancreatitis elsewhere on the basis of imaging findings but was not under any treatment for the same. His general examination, vitals and systemic examination did not reveal any significant findings. He was evaluated with the basic investigations, gastroscopy and MRCT. Gastroscopy showed a smooth bulge in lower part of esophagus with normal overlying mucosa.
Probably extrinsic compression. MRCT showed a collection in the lesser sac which extend proximally through the esophageal hiatus of diaphragm into the lower posterior mediastinum adjacent to lower esophagus and there were changes of sequelae of pancreatitis.

**CT THORAX SHOWING A PSEUDOCYST COMpressing ESOPHAGUS**

Patient was managed conservatively. A 14 French Nasojejunal tube was placed and feeds were given through the tube. He had come to follow up in OPD after 6 weeks. His chest pain improved and was able to swallow orally. The nasojejunal tube was removed and was advised strict abstinence from alcohol and oral low fat diet.

**Discussion:**

A pancreatic pseudocyst is defined as a collection of pancreatic juice enclosed by a non epithelialized wall that occurs as a result of acute pancreatitis, pancreatic trauma or chronic pancreatitis(3). Pseudocysts may produce symptoms which are generally abdominal pain, obstruct surrounding organs (duodenum, stomach, or bile duct), or become infected, rupture, or bleed which require therapy(4). Mediastinal pseudocyst is a rare complication of pancreatitis.

Only few individual cases have been reported so far. A mediastinal pseudocyst occurs when the pancreatic duct ruptures posteriorly into retroperitoneum and the fluid tracks into mediastinum (3). It can be managed either conservatively, surgically, endoscopically or radiologically. Small cyst usually managed conservatively. Here in this case we managed our patient conservatively.

**References:**

1. Peter A. Banks, M.D., M.A.C.G.,1 Martin L. Freeman, M.D., F.A.C.G.,2 and the Practice Parameters Committee of the American College of Gastroenterology Practice

