Case
A 38-year-old man presented to the United Christian Hospital, Hong Kong, with acute epigastric pain in October 2014. He was a chronic drinker and had experienced intermittent abdominal pain for 6 months. His serum amylase level was elevated (454 IU/L), and a diagnosis of acute-on-chronic pancreatitis was made. The patient was treated conservatively.

Magnetic resonance cholangiopancreatography performed 3 months after hospital discharge showed a 5.8-cm-diameter unilocular cystic mass over the pancreatic head (Fig 1). The main and right portal veins showed a signal intensity identical to that of the cystic pancreatic lesion on all phases, without any contrast enhancement (Fig 2). There was communication between the main portal vein and the cystic mass (Fig 3). The presence of multiple collateral veins in the hepatic hilum was consistent with cavernous transformation (Fig 2c). Features were suggestive of a pancreatic head pseudocyst that had ruptured into the main portal vein.

The patient presented again 1 month later with recurrent pancreatitis. Contrast computed tomography (CT) showed that the pancreatic pseudocyst had enlarged, to 7.6 cm in diameter (Fig 4). Pancreatic cystojejunostomy and cholecystectomy were performed. Intra-operatively, a 10-cm cystic
which MRI was performed, the signal intensity of fluid in the portal vein matched that of the pancreatic pseudocyst.1-3 Direct communication between the portal vein and the pancreatic pseudocyst was clearly seen in most cases. The presence of residual thrombus or concomitant existence of complete thrombosis of the portal vein has also been reported.1

There is no well-established treatment protocol. Options include conservative management, endoscopic or percutaneous procedures, or surgery. The patient’s clinical condition and symptoms, patency of the portal vein, communication between the pseudocyst and pancreatic duct, size of pseudocyst, and any other complicating factors should be considered in treatment planning.3

In summary, rupture of a pancreatic pseudocyst into the portal vein is an uncommon complication. On MRI, demonstration of fluid signal in the portal vein that matches the signal intensity of a pancreatic pseudocyst allows the diagnosis to be confidently made, obviating the need for more invasive investigations.

Declaration
The authors have no conflicts of interest to disclose.

References