Gastric outlet obstruction caused by intramural duodenal pseudocysts in a young man with acute pancreatitis

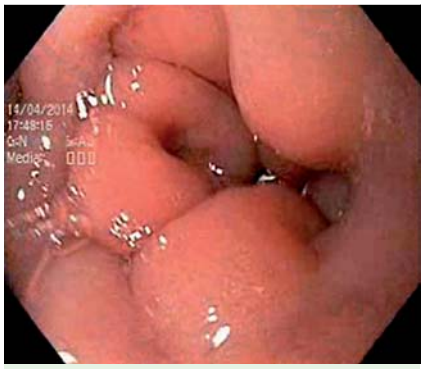

Fig. 1 Endoscopy image showing thickened folds in the second part of the duodenum in a 25-year-old man diagnosed as having gallstone-induced acute pancreatitis and a 1-month history of recurrent vomiting.

A 25-year-old man presented with abdominal pain. He was diagnosed as having gallstone-induced acute pancreatitis. He improved in a few days and was discharged, but was readmitted 1 month later with a history of recurrent vomiting.

An abdominal ultrasound was negative for any collection. A gastroscopy was performed and showed thickened duodenal walls in the second part of the duodenum with luminal narrowing (**Fig. 1**). Endoscopic ultrasound was carried out and showed two intramural cysts in the duodenal wall (**Fig. 2**) and heterogeneous pancreatic parenchyma. These cysts were aspirated, and fluid amylase was 31 766 U/L confirming a diagnosis of intramural pseudocyst secondary to an earlier episode of acute pancreatitis. The patient improved after aspiration of the cysts and there was no recurrence of symptoms at 3-month follow-up.

Intramural duodenal pseudocysts are very rare and should be considered in a differential diagnosis of gastric outlet obstruction after acute pancreatitis. As these cysts are small, abdominal ultrasound may not detect them as occurred in our patient. The second part of the duodenum is the most commonly affected site as it is near the head of the pancreas, but intramural cysts have also been reported in the stomach and esophagus [1,2]. Cysts may develop between the muscularis propria and mucosa or serosa [2,3]. One-third of cases may have associated extramural pseudocysts [2]. The differential diagnosis includes duodenal duplication cyst and choledochocele [2].

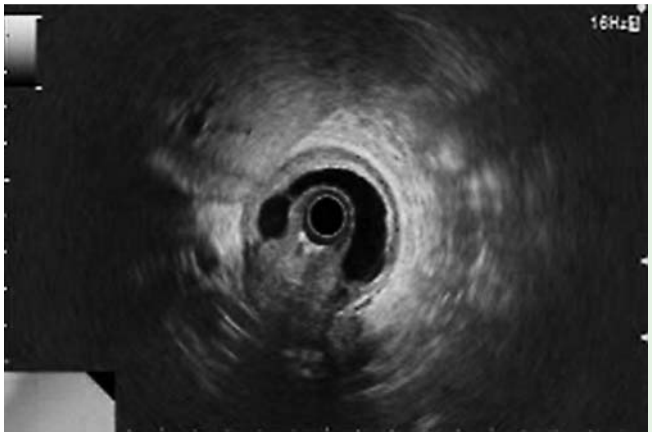

Fig. 2 Endoscopic ultrasound image showing two intramural cysts in the duodenal wall.

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Competing interests: None

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