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Spontaneous cystogastric fistula: an accidental discovery

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Dear Editor,

According to the available literature, pancreatic pseudocysts are widespread cystic lesions after an inflammatory process of the pancreas (1). The majority are asymptomatic, and only a small minority present complications or produce compression symptoms (2). However, this small minority must receive treatment, which, depending on the clinical situation, must be endoscopic, surgical or interventional radiology (3).

Clinical case

We present the case of a 51-year-old male, heavy smoker, who came to the Emergency Room with symptoms and complementary tests compatible with acute pancreatitis. The evolution was torpid, with regular pain control, so an abdominal computed tomography (CT scan) with intravenous contrast was performed, observing acute inflammation of the pancreas and marked dilation of the main pancreatic duct, which were suggestive of chronic inflammation of the pancreas. Fluid therapy and pain killers were intensified with good subsequent progress, so he was discharged.
Three months later, the patient was completely asymptomatic at his check-up. In control CT, data suggestive of chronic pancreatitis persisted, as well as the appearance of a 13 mm pancreatic pseudocyst in the pancreatic tail that established a fistula towards the gastric cavity with the development of a gastric collection (Fig. 1A). In the absence of symptoms, close follow-up with control abdominal CT was decided, in which a pancreatic pseudocyst persisted as well as the previously mentioned fistulous tract, with spontaneous resolution of the gastric collection (Fig. 1B). Given the natural resolution of the gastric collection, therapeutic abstention and close follow-up with control by imaging tests was decided. Finally, after one year of follow-up, complete resolution of the pseudocyst was achieved with closure of the fistula to the gastric cavity.

Discussion
This case serves to emphasize a clinical situation that deviates from the norm. Normally, when confronted with a symptomatic pseudocyst, endoscopic techniques are used for drainage. If the pseudocyst ruptures or if any of the aforementioned methods fail, surgical intervention becomes necessary. Typically, when faced with a pseudocyst that produces symptoms, endoscopic techniques are used to drain it. In case of rupture of the pseudocyst or failure of any of the above, surgical treatment is necessary (3). However, in the case we are outlining, the development of a fistula towards the gastric cavity simulates a natural version of a luminal apposition prosthesis. Consequently, we chose a conservative approach and vigilant observation due to the absence of symptoms, resulting in a favorable subsequent course.

References
Fig. 1. A. Pancreatic pseudocyst (PP) measuring 13 mm in size in the pancreatic tail that established a fistula towards the gastric wall, creating an intramural collection (CG) of 85 x 25 mm between the submucosa and the muscle of its greater curvature. B. Image of a 13 mm pancreatic pseudocyst in the pancreatic tail, showing a fistulous tract towards the gastric chamber with spontaneous resolution of the gastric intramural collection present in previous studies.