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Difficult Management of Pancreatic Pseudocyst Drainage in a 4-year-old Child

Abstract: Background A 4-year-old boy with acute lymphoblastic leukemia developed recurrent pancreatitis and pancreatic pseudocyst formation following asparaginase chemotherapy. Six months after stent drainage of the pancreatic duct, CT revealed progressive enlargement of the pseudocyst, compressing the gastric lumen.

Objective: The objective was to explore the methods and effectiveness of selecting appropriate puncture sites and successfully draining pancreatic pseudocysts in pediatric patients, particularly those with narrow digestive tract lumens.

Methods: Due to the small gastric lumen, the junction of the esophagus and cardia was selected for puncture. A dilation catheter was used to expand the puncture tract, and two double-pigtail stents was planned to be placed through the esophagus. However, the first stent failed to release properly due to esophageal compression and limited space, slipping into the pseudocyst cavity. Using a gastroscope with a transparent cap for puncture site identification, foreign body forceps were used under fluoroscopic guidance to retrieve the stent, and it was replaced with a curved transnasal pancreaticobiliary drain.

Results: CT re-examination one week post-procedure showed significant reduction of the pseudocyst. Endoscopic ultrasonography two weeks post-procedure revealed complete drainage of the cystic fluid. The transnasal pancreatic drain was removed without complications, and pancreatic enzyme levels returned to normal.

Conclusion: Narrow digestive tract lumens in pediatric patients pose challenges for endoscopic treatment. This case demonstrates that puncture and drainage at the esophagogastric junction are feasible in special cases, though it suggests that external drainage might be more appropriate for puncture sites near the esophagus.

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