

Clinical Image

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An uncommon mediastinitis from infected pancreatic pseudocyst

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Clinical image description

A 48-year-old man with a history of alcoholism and recurrent abdominal pain developed acute alcohol-induced pancreatitis and disruption of the main pancreatic duct with several intraabdominal noninfectious pancreatic pseudocysts. During the course of his hospitalization abdominal CT-scans showed a progression of one pseudocyst leading to an endoscopic cystogastrostomy 2 weeks later.

Three weeks after the hospital admission, the patient experienced fever, confusion and respiratory distress requiring mechanical ventilation and intensive care. A new CT-scan revealed bilateral pleural effusion, a non compressive pericardial effusion and a large posterior and anterior mediastinal collection along the left side of aorta spreading from the aortic hiatus to supra-aortic vessels (Figure 1, arrows). Blood cultures were positive and grew to *Klebsiella* spp. A mini-thoracotomy was performed and confirmed the diagnosis of infected mediastinal pancreatic pseudocyst with high level of lipase (49 340 UI/L) and local microbiological samples positive for the same bacteria. Subsequently, the whole mediastinum was washed and drained using a large left thoracotomy.

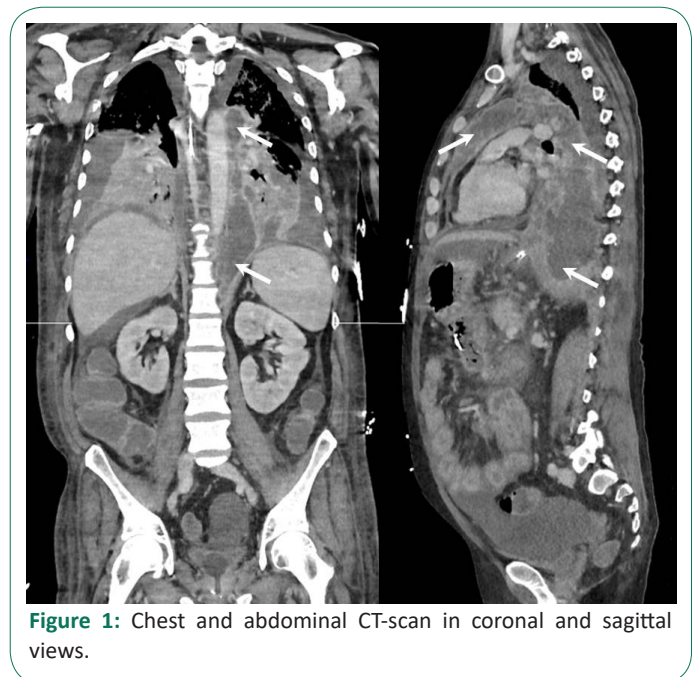


Figure 1: Chest and abdominal CT-scan in coronal and sagittal views.

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