A pancreatic pseudocyst is a fluid collection within the pancreas (containing pancreas juices) that is surrounded by a wall of reactive tissue that creates a capsule. This is a result of acute or chronic pancreatitis or leakage from the pancreatic ducts that carry the digestive enzymes.

Pseudocysts can be single or multiple, small or large, and can be located either within or outside of the pancreas. Most pseudocysts communicate with the pancreatic ductal system and contain high concentrations of digestive enzymes.

**Cause**
Pseudocysts can be seen following an attack of acute pancreatitis, in patients with chronic pancreatitis, and in patients who have suffered blunt or penetrating trauma.

**Symptoms**
About 40 percent of pseudocysts resolve on their own without intervention. However, they can produce a wide range of symptoms depending upon the location and extent of the fluid collection and the presence of infection.

- Expansion of the pseudocyst can produce abdominal pain.
- Can cause feeling of fullness or nausea and vomiting after eating, as well as decreased appetite if it pushes on the stomach.
- Spontaneous infection can develop.
- Spontaneous bleeding can occur if the psuedocyst is close to an artery.

**Diagnosis**
They are usually diagnosed by CT scan or by ultrasound.

**Treatment options**
Pseudocysts may not need any treatment at all, many will resolve on their own with time.

If they are symptomatic or if they become infected, drainage may be necessary. Several options are available for drainage:

- Percutaneous drainage, involves placing a needle through the skin, under radiology guidance, into the pseudocyst and placing a drain to allow for continued drainage of the fluid collection.
- Endoscopic drainage, involves a Gastroenterologist placing a scope down the mouth, into the stomach, and placing a needle and a drainage tube through the stomach wall into the fluid collection.
- Surgical drainage, involves open surgery to drain the fluid collection.