Heidi M. Goddard, MD; Casey Z. MacVane, MD, MPH; Tania D. Strout, PhD, RN

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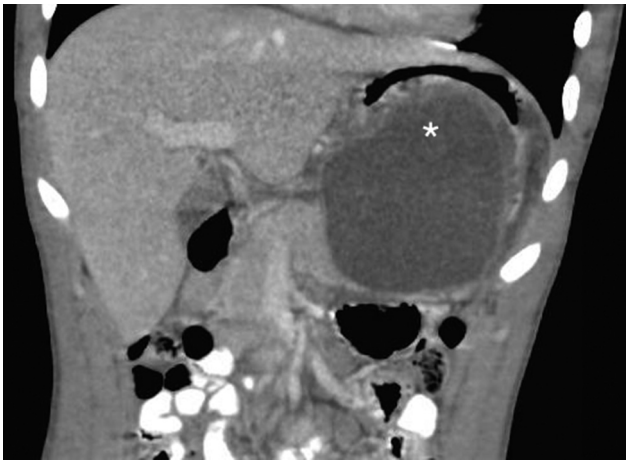

Figure 1. Contrast-enhanced CT of the abdomen (coronal view) demonstrating a large peripancreatic pseudocyst (asterisk) measuring 10.1×9.4×10.7 cm.

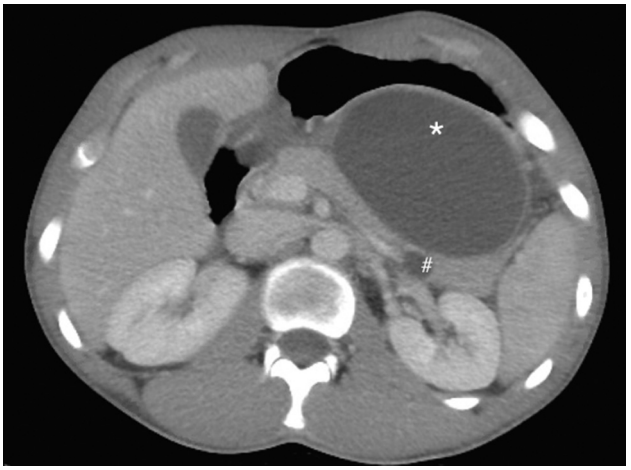

Figure 3. Contrast-enhanced CT of the abdomen (axial view) demonstrating a large pseudocyst (asterisk), as well as a second cystic area along the posterior aspect of the pancreatic tail, measuring 1.4 cm (pound sign).

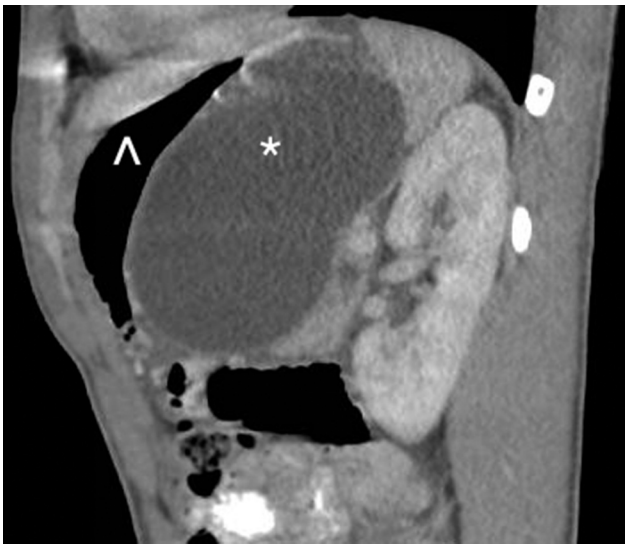

Figure 2. Contrast-enhanced CT of the abdomen (sagittal view) showing a large pseudocyst (asterisk) adjacent and posterior to the stomach (arrowhead).

[Ann Emerg Med. 2019;73:315.]

An 18-year-old man presented to our emergency department with persistent and worsening left upper abdominal pain, nausea, and vomiting after being kicked in the abdomen during a football game 13 days before. He had an evaluation the day of the injury, which included abdominal computed tomography (CT) imaging whose result was reported as normal. Physical examination revealed a soft abdomen with left upper quadrant tenderness, without distention. Laboratory study results were notable for an elevated lipase level of 403 U/L. Repeated CT of the abdomen and pelvis was obtained.

For the diagnosis and teaching points, see page 319.
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arrive to the ED at night or on weekends (individuals who are not able to come during daytime hours because of work or family responsibilities). The exclusion of these groups may bias the results of the study and certainly limit the external validity (ie, generalizability) of the conclusions.[4,5] Although articles rarely mention the exact constraints on their convenience sample, it is worthwhile to consider the potential implications.

Section editor: Tyler W. Barrett, MD, MSCI

Author affiliations: From the Department of Emergency Medicine, Albert Einstein Medical Center, Philadelphia, PA (Mirkin); the Department of Emergency Medicine, University of Maryland, Baltimore, MD (Spiegel); and Northwest Permanente, Portland, OR, and the Department of Emergency Medicine, The University of Texas Health Science Center at Houston, Houston, TX (Radecki).

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(continued from p. 315)

DIAGNOSIS:

Posttraumatic peripancreatic pseudocyst. Imaging demonstrated a loculated fluid collection along the anterior and superior aspect of the pancreatic body and tail, and a second cystic area along the posterior aspect of the pancreatic tail (Figures 1 to 3). Given the history of recent trauma, as well as elevated lipase levels, this was thought to be consistent with posttraumatic peripancreatic pseudocyst. The patient was treated successfully with a delayed endoscopic cystogastrostomy and endoscopic retrograde cholangiopancreatography with biductal sphincterotomy and pancreatic stent placement.

Pancreatic injury is uncommon and occurs in only 0.2% of blunt abdominal injuries.[1] Approximately 3% of pancreatic injuries result in pancreatic pseudocyst.[1,2] Presentation can be delayed an average of 59 days after injury,[3] and the rates of complications are higher in patients with delayed diagnosis.[2] Pancreatic trauma can be challenging to identify on CT immediately after an accident, and often secondary findings are required to recognize injury.[4]

Author affiliations: From the Department of Emergency Medicine, Maine Medical Center, Portland, ME (Goddard, MacVane, Strout); and Tufts University School of Medicine, Boston, MA (MacVane, Strout).

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