外傷性脂質性囊胞に対して一期的
内視チューブ留置が著効した1例

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Table 1 Laboratory data on admission.

<table>
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<tr>
<th>送検項目</th>
<th>計量値</th>
<th>単位</th>
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<th>許容値</th>
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緒言

超音波内視鏡下に一観的ドレナージを行い著効した外傷性脂質性囊胞の1例を経験したので報告する。

症例

患者: 20歳、男性。
主訴：心窩部痛。
既往歴および家族歴：特記すべきものなし。
飲酒歴：ビール1500ml/day × 5年。
喫煙歴：タバコ20本/day × 3年。

現病歴：平成12年12月1日、腹痛を主訴に当院に入院した。胸部CTで、右側肺に辺10mmの囊状を認めた。保存的に加療されが囊胞径が変化がないため、平成13年1月29日に当科紹介、2月5日に入院となった。

Fig. 1 CT images showing (a) a large cyst at the site of the pancreatic body and tail and (b) a dilated caudal main pancreatic duct (arrow).}

Fig. 2 ERCP showing (a) abruptly terminated main pancreatic duct at the neck of the pancreas and (b) a pseudocyst communicating with the main pancreatic duct.

Fig. 3 A scheme for this case. Red curved arrow showing pancreatic juice flow from the pseudocyst to the stomach by way of the stent.

Fig. 4 Endosonographic image showing (a) direct puncture of a pseudocyst with a 19 gauge fine needle and (b) a guidewire placement into the pseudocyst.

Fig. 5 Abdominal X ray image showing 7F pig-tail stent draining the pseudocyst.
文 献

Endoscopic Ultrasound—Guided One—Step Transmural Drainage of Pancreatic Pseudocyst

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Taketo Yamaguchi Genichiro Kadono
Toshio Tsuyuguchi Hiromitsu Saisyo

A twenty—year—old male had failed with the conservative treatment of a traumatic pancreatic pseudocyst and had documented cyst persistence for over four weeks. The size of the pseudocyst was 110mm in diameter and CT scans showed apposition of the pseudocyst in the pancreatic body to tail against the stomach wall. We performed EUS—guided transgastric puncture of the pseudocyst with a 19 gauge ultrasound needle (ECHO TIP, Wilson—Cook Medical), then a 0.035 inch guide wire was passed into the pseudocyst after with drawn of a stylet and a 7—F stent coaxially inserted into the pseudocyst. There were no complications associated with the procedure. The pseudocyst had collapsed in five days after the drainage. The pseudocyst had completely resolved at follow—up of six months after the drainage.

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