

## Image section- Answers

### Findings

#### Figure 1

Well defined hypoechoic lesion in the caudate lobe of liver

#### Figure 2

Multiple calcific foci in head and uncinete process of pancreas

#### Figures 3,4

Well defined peripherally enhancing hypodense lesions in caudate lobe of liver and head of pancreas

### Diagnosis

Chronic calcific pancreatitis with intrahepatic and pancreatic pseudocysts

### Discussion

Pancreatic pseudocysts have been described in virtually every organ, but an intrahepatic pancreatic pseudocyst is a very rare complication of chronic pancreatitis. Intrahepatic pseudocysts are usually single and most commonly involve the left lobe.

Two pathophysiological mechanisms have been described for the intra-hepatic extension of pseudocysts. The first mechanism consists of the accumulation of the pancreatic juice in the pre-renal space and thereafter eroding through the posterior layer of the parietal peritoneum and into the lesser sac. The lesser sac collection then tracks along the lesser omentum or gastrohepatic ligament toward the liver leading to the formation of left lobe subcapsular collections. The second mechanism consists of tracking the pancreatic juice along the hepatoduodenal ligament from the head of the pancreas to the porta hepatis resulting in the formation of intraparenchymal collections as seen in our case.

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