


### CR39 Endoscopic treatment of mediastinal pancreatic pseudocyst using lumen apposing metal stents - Case report

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**KEYWORDS:** Alcoholic pancreatitis; Endoscopic ultrasonography; Pancreatic pseudocyst

**INTRODUCTION/OBJECTIVES:** Mediastinal pancreatic pseudocyst (PP) is a rare complication of acute alcoholic pancreatitis. Endoscopic drainage has become widely used in the management of PPs and novel lumen apposing metal stents (LAMS) could provide more effective treatment.

**CASE PRESENTATION:** We present a case of a 61-year-old male with a history of chronic alcoholic pancreatitis who was admitted to the hospital for dysphagia and excessive vomiting. Physical examination revealed no abnormalities and laboratory results showed moderately elevated inflammatory parameters. Esophagogastroduodenoscopy (EGD) was performed revealing a functional spasm of the esophagus, GERD, and chronic gastroduodenitis. Computed tomography (CT) scan revealed a polylobulated PP emerging from the pancreas and spreading through the esophageal hiatus into the mediastinum with a compressive effect on the ventrolateral part of the esophagus. Following endoscopic ultrasound (EUS) guided puncture of the PP with fine needle aspiration of cyst content for microbiological sampling, cystogastrostomy was performed using LAMS placement enabling drainage. AntibioGram-guided treatment was initiated for *Streptococcus viridans* which was isolated from the punctate. Follow-up imaging showed complete regression of the pseudocyst, along with a drop in inflammatory parameters and improvement of the general condition. LAMS was extracted one week after the procedure without significant complications.

**CONCLUSION:** To our knowledge, this is the first transgastric LAMS drainage of a mediastinal PP. Only two cases have been described in the literature so far and both used the transoesophageal approach. This shows LAMS drainage is feasible in various clinical scenarios.


### CR40 Exceptionally large juvenile xanthogranuloma – a case report

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**KEYWORDS:** child; juvenile xanthogranuloma; scalp

**INTRODUCTION/OBJECTIVES:** Juvenile xanthogranuloma (JXG) is a rare, benign skin lesion pathologically classified as a non-Langerhans cell histiocytosis. The lesions appear within the first year of life in 75% of patients, predominantly on the head or neck, growing up to 5mm in size. While the etiology is mostly infectious, it can also be caused by genetic variants. In most patients, the condition has an easy course and resolution. Histopathological features include a histiocytic invasion of the superficial dermis, with additional eosinophils, lymphocytes and plasma cells. The lesion typically stains with anti-CD4, anti-XIIIa and CD68 markers.

**CASE PRESENTATION:** A 1-year-old female patient was examined for a large, solitary scalp lesion with features of JXG. The lesion started as a yellow erythematous plaque, measuring 17x13mm in size. Histopathological analysis showed histiocytes and occasional foam cells, lymphocytes, macrophages and multinuclear giant cells in the dermis. Immunodiagnostic tests returned positive for CD68 and negative for S100 and CD1a, confirming JXG. The patient attended three follow-up appointments, at which substantial growth of the lesion was observed. At the last examination, it measured 40mm in diameter. Topical corticosteroids were applied but didn't affect the progression.

**CONCLUSION:** This case of JXG is set apart by the size of the lesion, which is eight times larger than in the average patient. Since the patient had no prior infection or serious illness, it is worth raising the question of a genetic variant being the cause of the lesion, and how such a variant might have impacted its size.