A 35-year-old male came to the Emergency Department with epigastric pain and fever. On abdominal CT (Fig. 1), a cystic lesion suggestive of lymphangioma was observed. The lesion was diagnosed intraoperatively as a pancreatic pseudocyst, and a cyst jejunostomy was performed.

At a later date, we were provided with a CT of the patient taken after a previous abdominal trauma caused by bicycle handlebars (Fig. 2), where a small pancreatic lesion was observed.

Traumatic pancreatic injuries are rare (2%–4%) and can have serious complications. One possible complication is the formation of pseudocysts; diagnosis requires knowledge of the patient's prior history of trauma. The amount of time elapsed since the injury and the fact that the previous CT was not available hindered the preoperative diagnosis. With an earlier diagnosis, endoscopic treatment could have been performed.

Please cite this article as: Hermoso J, et al. Lesión quística de páncreas con antecedentes de traumatismo abdominal hace 20 años. Cir Esp. 2013;91:e7.

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