A 38-year-old female with a history of pancreatitis presented with breathing difficulties and tested positive for COVID-19. A CT of her chest, abdomen, and pelvis with contrast showed a 8.5 × 13.1 × 25.4 cm (AP × ML × CC) multilobulated abdominal cyst extending into the posterior mediastinum with bilateral pleural effusion (Figure 1A). CT scan MipPR reconstruction showed the relation of the pseudocyst with abdominal and thoracic vessels (Figure 1B).

Magnetic resonance cholangiopancreatography (MRCP) showed communication between the pseudocyst and the main pancreatic duct (Figure 1C). Esophagogastroduodenoscopy (EGD) with EUS confirmed a pancreatic pseudocyst through elevated amylase levels, and subsequent cystogastrostomy and cystoduodenostomy reduced the cyst [1]. A pancreatic pseudocyst is a complication of acute and chronic pancreatitis in which pancreatic secretions are found...
enclosed in a fibrous membrane [2]. While management of the patient was complicated by COVID-19 as a comorbidity, the pseudocyst was successfully treated through an endoscopic approach.

**Conflict of Interest**

None of the authors have anything to disclose and have no conflict of interest. This research did not receive any specific funding or grant from agencies in the public, commercial, or not-for-profit sectors.

**References**
