

Supplementary files

Supplementary file 1 The complicated medical history

Time	Symptom	Check	Size (C T/cm)	Diagnosis	Therapy	Remarks
Aug. 2015	Abdominal pain; with radiation of pain to the back; fever	US, CEC T	No ne	Gallstone; acute pancreatitis (biliary pancreatitis)	Conservative therapy	Hospital; no any adverse events
Nov. 2015	Abdominal pain and abdominal distention	US, CEC T	5.8* 3.5	Gallstone; chronic cholecystitis; acute pancreatitis; Pancreatic pseudocysts	laparoscopic cholecystectomy	Hospital; no any adverse events
Jan. 2016	Abdominal pain	US, CEC T, MR CP	4.5* 2.3	Chronic pancreatitis (biliary pancreatitis); pancreatic pseudocysts	Conservative therapy	Hospital; no any adverse events
Aug. 2016	Abdominal pain and	US, CEC T,	6.5* 4.0	Chronic pancreatitis; pancreatic	ERCP+ ENPD	Hospital; no any adverse

	abdominal distention	MRCP		pseudocysts		events
Dec. 2016	Abdominal pain and abdominal distention	US, CECT	10.2*7.5	Chronic pancreatitis; pancreatic pseudocysts	US-guided percutaneous drainage	Hospital; no any adverse events
Aug. 2017	None	US, CECT	1.8*1.0	Chronic pancreatitis; pancreatic pseudocysts	Remove the drainage tube	Outpatient; no any adverse events
Nov. 2017	Abdominal pain and abdominal distention	US, CECT, MRCP, DSA, EUS	7.4*6.2	Chronic pancreatitis; pancreatic pseudocysts	EUS-guided trans-gastric drainage with plastic stent	Hospital with acute and massive bleeding
Jan. 2018	None	US, CECT, EUS	None	Chronic pancreatitis	Remove the stent safely under the EUS	Hospital; no any adverse events

US: ultrasound; CECT: contrast-enhanced computed tomography; MRCP: magnetic resonance cholangiopancreatography; DSA: digital subtraction angiography; EUS: endoscopic ultrasound; ERCP: endoscopic retrograde cholangiopancreatography; ENPD: endoscopic nasopancreatic.

Supplementary file 2 Equipment for endoscopic ultrasound-guided pancreatic pseudocyst drainage with plastic stent

Equipment for endoscopic ultrasound-guided drainage
Liner array echoendoscope
Ultrasound processor
Fluoroscopy (digital subtraction angiography)
A 19-gauge endoscopic ultrasound needle
A 0.035-inch guidewire
A 10F cystotome
A 10-mm Dilatation balloon
A 1.0-cm double-pigtail plastic stent

Supplementary file 3 Differentiation of pancreatic pseudocyst according to the Revised Atlanta classification of acute pancreatitis-associated fluid collections^[4]

Pancreatic fluid collections	Time (weeks)	Type of pancreatitis	Location	Well-defined wall	Solid necrotic debris	Image performance
APFC	≤4	IEP	Adjacent to pancreas, extra-pancreatic only	No	No	Homogenous and with fluid density
ANC	≤4	NEP	Intra- and/or extra-pancr	No	Yes	Heterogeneous and also non-liquid

			eatic location			density, variable loculation
PPC	>4	IEP	Adjacent or distant to pancreas	Yes	Mini mal or no	Homogenous fluid density, well circumscribed , usually round or oval,
WON	>4	NEP	Intra- and/or extra-pancr eatic location	Yes	Yes	Heterogeneou s and also non-liquid density

APFC: acute peri-pancreatic fluid collections; ANC: acute necrotic collections;
PPC: pancreatic pseudocysts; WON: walled-off necrosis; IEP: interstitial
edematous pancreatitis; NEP: necrotizing pancreatitis;