A 56-year-old man was admitted to hospital because of upper abdominal pain and mild fever for 2 weeks. One month previously, the patient had undergone resection of the body and tail of the pancreas and splenectomy for pancreatic malignant tumor, and 2 weeks ago, the patient experienced abdominal pain with mild fever. Enhanced computed tomography (CT) showed a blurred fat space in front of the pancreatic head and swelling of the intestinal wall (Fig. 1a). The symptoms gradually worsened and vomiting occurred a few days before admission. Repeat CT showed a round, low-density mass (diameter 4.6 cm) near the pancreatic head (Fig. 1b). Clinicians considered the diagnosis of pancreatic pseudocyst with infection. Endoscopic ultrasonography (EUS)-guided cyst aspiration was planned. Endoscopy revealed a large protuberance in the posterior wall of the antrum, several ulcers on the surface (Fig. 2), and stenosis of the antrum. EUS showed an elliptical, uneven, hypoechoic mass near the pancreatic head (Fig. 3a), and fluid movement within the mass.
Color Doppler ultrasound showed disorder of blood flow within the mass (Fig. 3b), and pulse Doppler ultrasound detected different types of blood flow. A diagnosis of pseudoaneurysm was confirmed.

The patient underwent emergency surgery. Massive hematemesis occurred after tracheal intubation under general anesthesia. Immediate laparotomy confirmed a pseudoaneurysm of the celiac artery trunk, which had ruptured into the gastric cavity; successful repair was performed.

Pancreatic pseudoaneurysms are rare complications of acute or chronic pancreatitis [1]. Surgery is another cause of pancreatic pseudoaneurysm [2]. The main clinical symptom is abdominal or digestive tract hemorrhage, with a high mortality rate. Contrast-enhanced CT angiography and digital subtraction angiography are the main methods used to diagnose pancreatic pseudoaneurysm [3]. EUS is also an effective method of diagnosis.

Endoscopy_UCTN_Code_CCL_1AZ_2AO

Acknowledgement

The authors want to thank Sichuan Province Science and Technology Department (China) (2018SZ0134) for their support.

Competing interests

The authors declare that they have no conflict of interest.

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DOI https://doi.org/10.1055/a-1085-9413
Published online: 2020 Endoscopy
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

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