Progressive growth of a cystic lesion near the pancreatic head

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, with 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.

▶ Fig. 1 Enhanced computed tomography (CT). a A blurred, fat space in front of the pancreatic head was seen, with swelling of the intestinal wall. b Repeat CT showed a round, low-density mass (diameter 4.6 cm) near the pancreatic head.

▶ Fig. 2 Endoscopy revealed a large protuberance in the posterior wall of the antrum, with several ulcers on the surface.

▶ Fig. 3 Endoscopic ultrasound. a An elliptical, uneven, hypoechoic mass was seen near the pancreatic head, with fluid movement within the mass. b Color Doppler showed disorder of blood flow 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 (▶ Video 1). 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.

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**Competing interests**

The authors declare that they have no conflict of interest.

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