A case of massive bleeding after endoscopic sphincterotomy in a patient with a history of large walled-off pancreatic necrosis in the area of the pancreatic groove

Walled-off pancreatic necrosis (WOPN) associated with severe acute pancreatitis is sometimes fatal [1]. Interventional endoscopic ultrasonography has improved clinical outcomes; however, the long-term prognosis in such cases remains unknown [2,3]. WOPN extending to the area of the pancreatic groove has been reported to cause structural abnormalities to the bile duct, with the presence of abnormal blood vessels [4].

A 73-year-old man was hospitalized for choledocholithiasis. He had undergone direct endoscopic necrosectomy 7 years previously for a large WOPN due to idiopathic severe acute pancreatitis (►Fig. 1). The WOPN had extended widely into the groove area. Magnetic resonance cholangiopancreatography for recurrent epigastric pain revealed multiple choledocholithiasis. Computed tomography revealed pneumobilia but no pseudoaneurysm or abnormal vascular growth in the pancreatic arcade.

Initial ERCP showed abnormal hardness of the major papilla and severe structural distal bile duct abnormality without a duodenal diverticulum (►Fig. 3). A medi-
A case of a patient with walled-off pancreatic necrosis (WOPN) who underwent an endoscopic sphincterotomy (EST) for biliary drainage. The patient experienced massive arterial bleeding during the procedure, which was initially managed with balloon compression. However, rapid hemostasis was achieved by placing a self-expandable metallic stent (SEMS; fully covered type, 10 mm × 6 cm). No transfusion was required, and the SEMS was safely removed without rebleeding 14 days after the ERCP. Most stones flowed out naturally through the SEMS, and the last stone was extracted at the same time as the SEMS was removed.

The severe structural abnormality of the distal bile duct and the hardness of the major papilla were considered to be the result of inflammatory spread of the WOPN. Advanced inflamed WOPN in the groove area made the safety of EST beyond a small incision uncertain.

**Competing interests**

The authors declare that they have no conflict of interest.

**References**


