Massive bleeding on removing a stent placed during endoscopic ultrasound-guided transluminal drainage

A 67-year-old man with pancreatic head cancer developed acute pancreatitis due to obstruction of the main pancreatic duct. He subsequently developed an infected walled-off necrosis (WON) (Fig. 1). Endoscopic ultrasound-guided transluminal drainage (EUS-TD) was performed using a 6-Fr endoscopic nasobiliary drainage catheter (white arrowheads) as an external drainage tube and a 7-Fr/7-cm double-pigtail plastic stent (yellow arrowheads) as an internal drainage tube (Fig. 2). Subsequently, the patient’s condition improved, and the external drainage tube was removed. Computed tomography (CT) performed 4 months after EUS-TD revealed that the WON had disappeared. The DPS was in place until pancreaticoduodenectomy after neoadjuvant chemotherapy and was removed endoscopically 8 months after EUS-TD because of the risk that the DPS could cause infection during adjuvant chemotherapy. At the time the stent was removed, massive arterial bleeding occurred from the fis-
Since endoscopic hemostasis was difficult, urgent interventional radiology was performed, and a splenic artery pseudoaneurysm causing massive bleeding was detected (▶ Fig. 3). Hemostasis was achieved using coil embolization (▶ Fig. 4).

WON is a late complication of acute necrotizing pancreatitis. Currently, EUS-TD is the best therapeutic option for WON [1]. Although lumen-apposing covered self-expanding metal stents have been introduced, EUS-TD with DPS remains the main endoscopic therapy for WON. DPS is associated with lower rates of procedure-related bleeding, such as serious pseudoaneurysm bleeding [2, 3]. Nevertheless, in this case, massive bleeding due to a pseudoaneurysm occurred after stent removal. The pseudoaneurysm may have been formed by the long period of stent placement and contact, causing arteritis. When removing a plastic stent after a long period of placement, it is crucial to consider that serious complications can occur, and contrast-enhanced CT should be performed to check for the presence of a pseudoaneurysm before stent removal.

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Competing interests

The authors declare that they have no conflict of interest.

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References


Bibliography

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