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-
tula (▶Video 1). Since endoscopic hemo-
stasis was difficult, urgent interventional
radiology was performed, and a splenic
artery pseudoaneurysm causing massive
bleeding was detected (▶Fig. 3). Hemo-
stasis was achieved using coil emboliza-
tion (▶Fig. 4).

WON is a late complication of acute ne-
crotizing 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 pro-
cedure-related bleeding, such as serious
pseudoaneurysm bleeding [2, 3]. Never-
theless, 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 plas-
tic stent after a long period of place-
ment, it is crucial to consider that serious
complications can occur, and contrast-
enhanced CT should be performed to
check for the presence of a pseudoa-
neurysm before stent removal.

References

[1] Ang TL, Teoh AYB. Endoscopic ultrasono-
graphy-guided drainage of pancreatic fluid
collections. Dig Endosc 2017; 29: 463–471
incidence of pseudoaneurysm bleeding with
lumen-apposing metal stents compared to
double-pigtail plastic stents in patients with
peripancreatic fluid collections. Clin Gastro-
enterol Hepatol 2018; 16: 1521–1528
drainage of peripancreatic fluid collections
with lumen-apposing metal stents and plas-
tic double-pigtail stents: comparison of effi-
cacy and adverse event rates. Gastrointest
Endosc 2018; 87: 150–157

Bibliography

Endoscopy
DOI 10.1055/a-1887-5667
ISSN 0013-726X
published online 2022
© 2022. The Author(s).
This is an open access article published by Thieme under the
terms of the Creative Commons Attribution-NonDerivative-
NonCommercial license, permitting copying and reproduc-
tion so long as the original work is given appropriate credit.
Contents may not be used for commercial purposes, or
adapted, remixed, transformed or built upon. (https://
creativecommons.org/licenses/by-nc-nd/4.0/)
Georg Thieme Verlag KG, Rüdigerstraße 14,
70469 Stuttgart, Germany

E-Videos
https://eref.thieme.de/e-videos

Endoscopy E-Videos is an open
access online section, reporting
on interesting cases and new
techniques in gastroenterological
endoscopy. All papers include a high quality
video and all contributions are freely
accessible online. Processing charges apply
currently EUR 375, discounts and waivers
acc. to HINARI are available.

This section has its own submission
website at
https://mc.manuscriptcentral.com/e-videos

Endoscopy_UCTN_Code_TTT_1AO_2AD

Competing interests

The authors declare that they have no con-
flict of interest.

The authors

Ikuhisa Takimoto, Tomoaki Matsumori, Masataka Yokode, Masahiro Shiokawa, Norimitsu Uza, Hiroshi Seno
Department of Gastroenterology and Hepatology, Kyoto University Graduate School of Medicine, Kyoto, Japan

Corresponding author

Tomoaki Matsumori, MD, PhD
Department of Gastroenterology and Hepatology, Kyoto University Graduate School of Medicine, 54 Kawaracho, Shogoin,
Sakyo-ku, Kyoto 606-8507, Japan
tom.matu@kuhp.kyoto-u.ac.jp

Fig.4 Angiogram after coil embolization for hemostasis shows no pooling of the contrast medium (arrow).