The case of infected intra-abdominal hematoma complicating endoscopic ultrasound-guided tissue acquisition

Endoscopic ultrasound-guided tissue acquisition (EUS-TA) rarely causes complications. Severe bleeding requiring blood transfusion or hemostasis has occurred only in 0.05–0.2% of cases [1–3]. Herein we report, to the best of our knowledge, the first case of EUS-TA complicated by an infected intra-abdominal hematoma (►Video 1). An 81-year-old man presented with a pancreatic tail tumor on contrast-enhanced computed tomography (CECT) (►Fig. 1a). EUS-TA was performed using a 22-gauge Fransen needle (Sonotip TopGain; Medi-Globe, Rohrdorf, Germany). After puncture, little fluid accumulated around the tumor, and bleeding into the stomach was observed (►Fig. 1b, c). Scope balloon compression was performed, and hemostasis was achieved (►Fig. 1d). The following day, gastrointestinal endoscopy was performed to confirm that hemostasis was maintained, and the patient was discharged. Five days after EUS-TA, the patient was rehospitalized because of fever and abdominal
pain. Computed tomography (CT) revealed an intra-abdominal hematoma (▶ Fig. 2a) and a pseudoaneurysm in a branch of the left gastric artery (▶ Fig. 2b). Antibiotic treatment was initiated, followed by transcatheter arterial embolization (▶ Fig. 2c, d). The symptoms improved; however, C-reactive protein level elevated to 17.7 mg/dL 12 days after EUS-TA. Therefore, EUS-guided cyst drainage was performed and two plastic stents and a nasal drainage catheter were inserted (▶ Fig. 3). Hematoma cultures revealed an Enterococcus faecalis infection. CT performed on the day after the cyst drainage showing shrinkage of the hematoma. Yellow arrows indicate the coil embolization area.

The pancreatic tumor was diagnosed as an adenocarcinoma and neoadjuvant chemotherapy was initiated 12 days after EUS-guided cyst drainage. Two months later, CT confirmed the disappearance of the hematoma (▶ Fig. 4b). Three months after EUS-guided cyst drainage, CT scan on the day after the cyst drainage showing shrinkage of the hematoma. Yellow arrows indicate the coil embolization area.