A 56-year-old man presented with hema-
temesis and multiple episodes of melena.
He had a history of chronic lymphocytic
leukemia and traumatic rupture of the
spleen leading to splenectomy and splenic
artery embolization 6 years earlier.

Esophagogastroduodenoscopy (EGD) re-
vealed a large submucosal mass (7 × 5 cm)
with an ulcerated overlying area asso-
ciated with clot in the duodenal bulb
(● Fig. 1). The ulcer was treated with
epinephrine (1:10 000). A computed
tomography (CT) scan of the abdomen revealed a 2.5 × 1.8-cm pseudoaneurysm
from an aberrant hepatic artery off the
superior mesenteric artery (● Fig. 2)
along with surrounding hematoma, caus-
ing mass effect on the duodenum; this
was further confirmed with a CT angio-
gram (● Fig. 3a).

Coil embolization was performed with
complete obliteration of the hepatic
artery pseudoaneurysm (● Fig. 3b). The
patient was subsequently discharged
home after 4 days of observation.
The patient presented 2 months later with
recurrent episodes of melena. A CT angio-
gram showed no active extravasations.

EGD revealed a long segment of coil pro-
truding from the pylorus into the stom-
ach, along with coffee ground materials.
There was a large mound-like focal bulge
at the superior aspect of the duodenal
bulb, with a 6-mm defect without active
bleeding, along with the protruding coil
(● Fig. 4). The patient underwent a distal
gastrectomy, Billroth II gastrojejunos-
tomy, and ligation of gastroduodenal
artery. He was discharged after 5 days of
observation and remained well without
further episodes of bleeding after 6
months of follow-up.

Hepatic artery pseudoaneurysm is a rare
cause of upper gastrointestinal bleeding,
and can be life-threatening [1,2]. Angio-
graphic embolization is an effective meth-
odd of treatment with a reported success
rate of 80–100% [3]. However, complica-
tions from embolization are not unusual,
as noted in our case with extrusion of coils
through the duodenal wall with potential
for re-bleeding. Surgery may be needed in
unusual circumstances for more definitive
therapy.

Competing interests: None
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