A 32-year-old man with alcoholic pancreatitis presented with the complaint of abdominal pain and vomiting that necessitated parenteral feeding. Abdominal computed tomography (CT) scan showed a 10-cm pseudocyst in the pancreatic body (Fig. 1) [1]. In view of persisting symptoms and the pseudocyst size, he was referred for endoscopic ultrasound (EUS)-guided cystogastrostomy.

Echoendoscopy confirmed the presence of a large pancreatic cyst adherent to the stomach wall. Cystogastrostomy was complicated by spurting of blood from the gastric wall into the pseudocyst cavity. A metal stent was placed across the gastrocystic fistula with initial hemostasis. However, a few minutes later the patient developed hematemesis with a significant drop in hemoglobin. An arteriogram showed active bleeding from a left gastric artery branch (Fig. 2) and transcatheter embolization of this branch was carried out using metal coils. Repeat arteriogram 10 minutes later confirmed successful hemostasis.

Prophylactic antibiotics were started. However 5 days later the patient developed high grade fever, and abdominal CT showed a large retroperitoneal hematoma (Fig. 3). We decided to remove the infected clots by using the same technique as for endoscopic necrosectomy. After removal of the metal stent, a gastroscope was passed through the fistula into the retroperitoneal cavity. Blood clots were removed using a Roth Net (Fig. 4) and the cavity was washed with saline. A nasogastric tube was inserted into the cavity and 4-hourly saline lavage was applied through the tube. Another session of endoscopic clot removal was carried out 3 days later, and two double-pigtail catheters (10 Fr, 10 cm) were inserted into the cavity. CT carried out after the second endoscopy confirmed resolution of the hematoma (Fig. 5), with the patient becoming afebrile soon after that.

EUS-guided drainage is the preferred approach for management of pancreatic pseudocyst because of its lower morbidity rate compared with surgical and percutaneous approaches [2]. However, this procedure may be complicated by bleeding [3], and retroperitoneal hematomas arising after bleeding into cyst cavities may become infected. This is the first reported case of management of an infected retroperitoneal hematoma by endoscopic “clot-ectomy.”
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References

Bibliography
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