A case of delayed bleeding 9 days after endoscopic ultrasound-guided pancreatic pseudocyst drainage

Endoscopic ultrasound-guided pancreatic pseudocyst drainage (EUS-PPD) has become a safe and effective procedure for pancreatic pseudocysts. However, post-procedural complication rates of 8.5%–20% have been reported [1–4]. For delayed complications, only one case of bleeding, which occurred 23 days after EUS-PPD from the transjejunal approach, has been reported [5]. We report a case of bleeding 9 days after EUS-PPD from the transgastric approach.

A 79-year-old man was admitted to our hospital for the treatment of biliary pancreatitis. Heparin was administered because of a history of myocardial infarction. A bile duct stone was successfully removed, but pseudocyst formation occurred (Fig. 1). After 36 days, pseudocyst infection was suspected and EUS-PPD was performed. Heparin was stopped only on the day of the EUS-PPD procedure. Before puncturing the pseudocyst, the absence of intervening blood vessels was confirmed using the color Doppler function (Fig. 2a). The pseudocyst was punctured with a 19-G needle (Sonotip; Medi-Globe GmbH, Rosenheim, Germany) under EUS guidance (Fig. 2b). Then, an electrical cautery needle (CystGastro set; ENDO-FLEX GmbH, Voerde, Germany) was used to dilate the gastric and cystic wall. Finally, a 5-Fr nasocatheter was inserted into the pseudocyst.

Although the serum hemoglobin level did not drop markedly (Day 1: 12.0 mg/dL; Day 8: 11.7 mg/dL), hematemesis was observed 9 days after EUS-PPD and the hemoglobin level dropped to 6.9 mg/dL. Emergency endoscopy showed abundant clots around the pseudocyst fistula (Fig. 3a, b). Angiography showed no aneurysms or contrast medium extravasation (Fig. 4).

The late bleeding was possibly caused by the physical stimulus from the inserted stent which caused intracystic mural vessel destruction; the antithrombotic treatment might have been a contributing factor. To our knowledge, this is the first case of delayed bleeding 9 days after EUS-PPD. Sufficient long-term care must be provided after EUS-PPD, particularly in patients receiving antithrombotic treatment.

Competing interests: None
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Fig. 3 Emergency endoscopy findings. a, b Abundant clots (arrow) were found around the pseudocyst fistula.

Fig. 4 Angiography showed no aneurysms or contrast medium extravasation.