Migration of embolization coils placed to stop a severe iatrogenic bleed following endoscopic ultrasound-guided cystogastrostomy

A 32-year-old man with a large symptomatic pseudocyst was referred for endoscopic ultrasound (EUS)-guided cystogastrostomy. The procedure was complicated by an iatrogenic bleed from the pseudocyst border, which was associated with hypovolemia and a significant drop in hemoglobin.

A fully covered self-expandable metal stent (SEMS) inserted between the stomach and the pseudocyst did not stop the bleeding. As a result, transcatheter arterial embolization (TAE) with metal coils was performed by our radiology service (Fig. 1). Hemostasis was achieved immediately after TAE.

After 5 days the patient developed fever and pain. A gastroscope was used to inspect the interior of the pseudocyst cavity, and the metal stent was replaced by two pigtail stents. Large blood clots and necrotic material observed in the cyst were removed with a Roth net. During this procedure, two of the metal coils used during TAE were seen on the border of the cyst at the site of the bleeding; however, two other coils appeared to have migrated directly from the vessel into the pseudocyst cavity (Fig. 2). After the procedure, no further evidence of hemorrhage was recorded. Endoscopic pseudocyst lavage was repeated 4 days later, and the patient was discharged home 2 weeks later.

Embolization of selected arteries with metal coils has been previously used to manage iatrogenic EUS-guided cystogastrostomy bleeds [1]. Migration of the coils from the embolized vessels into the gastrointestinal tract is extremely uncommon, with only one documented case of migration of a steel-wire coil into the stomach after arterial embolization [2]. No reports of the migration of metal coils into a pancreatic pseudocyst have been previously reported. TAE appears to be a minimally invasive, highly effective treatment in patients who hemorrhage after cystogastrostomy.

Endoscopy_UCTN_Code_CPL_1AH_2AC

Competing interests: None
Antonino Granata¹, Gabriele Curcio¹, Neville Azzopardi¹, Ilaria Tarantino¹, Luca Barresi¹, Roberto Miraglia², Mario Traina³

¹ Endoscopy Service, Department of Diagnostic and Therapeutic Services, Mediterranean Institute for Transplantation and Advanced Specialized Therapies (ISMETT), Palermo, Italy
² Radiology Service, Department of Diagnostic and Therapeutic Services, Mediterranean Institute for Transplantation and Advanced Specialized Therapies (ISMETT), Palermo, Italy

References


Bibliography

DOI http://dx.doi.org/10.1055/s-0034-1377212
© Georg Thieme Verlag KG
Stuttgart · New York
ISSN 0013-726X

Corresponding author
Antonino Granata, MD
Endoscopy Service
ISMETT
Via Tricomi 5
90127 Palermo
Italy
Fax: +39-091-2192400 (specify Endoscopy Service)
agranata@ismett.edu