A 51-year-old woman was referred for the management of a painful pseudocyst, 50 mm in diameter, in the tail of the pancreas. The pseudocyst had mature walls and was close to the gastrointestinal lumen [1]. The patient had no ascites and no coagulation disorder. Segmental portal hypertension was noted on computed tomographic examination.

A cystogastrostomy was done with a 10-Fr cistotome, and two 7-Fr, 7-cm plastic prostheses were introduced after dilation of the orifice with an 8-mm balloon. There were no operative adverse events. In the recovery room, the patient developed hemodynamic instability, with a hemoglobin level of 4.5 g/dL. An angioscan revealed a massive hemoperitoneum with strictly intraperitoneal active bleeding (Fig. 1). An emergency caudal splenopancreatectomy was performed. The source of the bleeding was at a distance from the point of puncture of the cystogastrostomy, at the level of the gastric wall (Fig. 2).

Although hemorrhage is a well-known complication, this is the first described case of hemoperitoneum without rupture, intracystic bleeding, or direct trauma to an interposed vessel. We suspect laceration of a vessel located in the intraperitoneal gastric wall, secondary to the balloon dilation. Awareness is necessary, and excessive dilation should be avoided in a patient with segmental portal hypertension who is undergoing EUS-guided transmural drainage of a pancreatic collection.

Competing interests: None

Sébastien Godat, Fabrice Caillol, Erwan Bories, Christian Pesenti, Jean Philippe Ratone, Marc Giovannini
Division of Gastroenterology, Paoli-Calmettes Institute, Marseille, France

References

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1391838
Endoscopy 2015; 47: E244
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
Sébastien Godat, MD
Division of Gastroenterology
Paoli-Calmettes Institute
232, boulevard Sainte Marguerite – BP 156
13273 Marseille Cedex 9
France
Fax: +33-4-91223658
tagodat@gmail.com