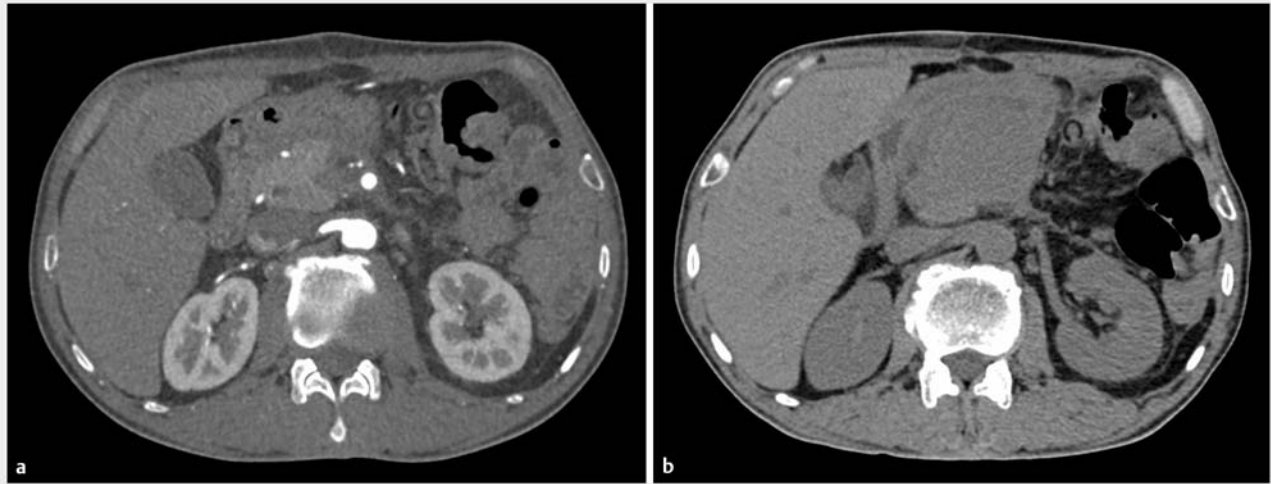
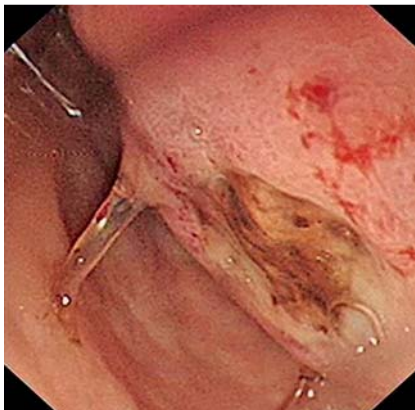


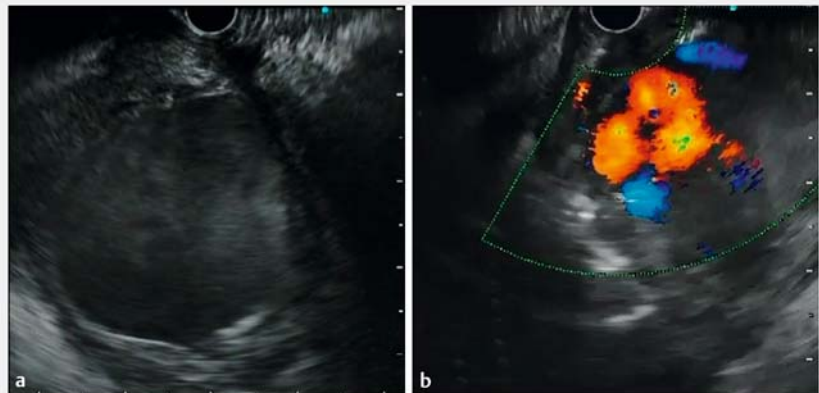
Progressive growth of a cystic lesion near the pancreatic head



► **Fig. 1** Enhanced computed tomography (CT). **a** A blurred, fat space in front of the pancreatic head was seen, with swelling of the intestinal wall. **b** Repeat CT showed a round, low-density mass (diameter 4.6 cm) near the pancreatic head.



► **Fig. 2** Endoscopy revealed a large protuberance in the posterior wall of the antrum, with several ulcers on the surface.

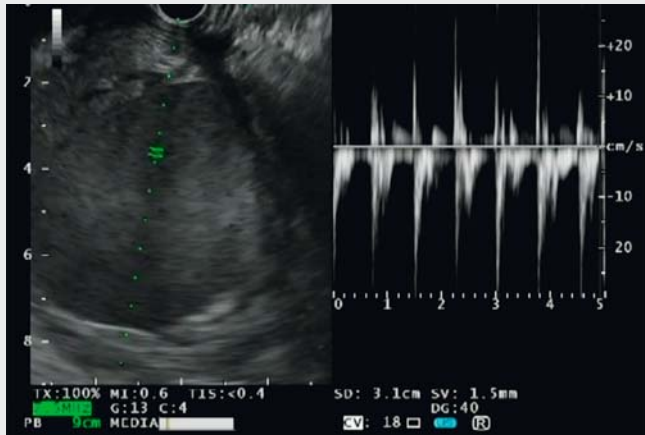


► **Fig. 3** Endoscopic ultrasound. **a** An elliptical, uneven, hypoechoic mass was seen near the pancreatic head, with fluid movement within the mass. **b** Color Doppler showed disorder of blood flow within the mass.

A 56-year-old man was admitted to hospital because of upper abdominal pain and mild fever for 2 weeks. One month previously, the patient had undergone resection of the body and tail of the pancreas and splenectomy for pancreatic malignant tumor, and 2 weeks ago, the patient experienced abdominal pain with mild fever. Enhanced computed tomography (CT) showed a blurred fat space in

front of the pancreatic head and swelling of the intestinal wall (► **Fig. 1 a**). The symptoms gradually worsened and vomiting occurred a few days before admission. Repeat CT showed a round, low-density mass (diameter 4.6 cm) near the pancreatic head (► **Fig. 1 b**). Clinicians considered the diagnosis of pancreatic pseudocyst with infection. Endo-

scopic ultrasonography (EUS)-guided cyst aspiration was planned. Endoscopy revealed a large protuberance in the posterior wall of the antrum, several ulcers on the surface (► **Fig. 2**), and stenosis of the antrum. EUS showed an elliptical, uneven, hypoechoic mass near the pancreatic head (► **Fig. 3 a**), and fluid movement within the mass.



Video 1 Pseudoaneurysm was diagnosed by endoscopic ultrasonography using color Doppler and pulse Doppler.

Color Doppler ultrasound showed disorder of blood flow within the mass (► **Fig. 3b**), and pulse Doppler ultrasound detected different types of blood flow (► **Video 1**). A diagnosis of pseudoaneurysm was confirmed.

The patient underwent emergency surgery. Massive hematemesis occurred after tracheal intubation under general anesthesia. Immediate laparotomy confirmed a pseudoaneurysm of the celiac artery trunk, which had ruptured into the gastric cavity; successful repair was performed.

Pancreatic pseudoaneurysms are rare complications of acute or chronic pancreatitis [1]. Surgery is another cause of pancreatic pseudoaneurysm [2]. The main clinical symptom is abdominal or digestive tract hemorrhage, with a high mortality rate. Contrast-enhanced CT angiography and digital subtraction angiography are the main methods used to diagnose pancreatic pseudoaneurysm [3]. EUS is also an effective method of diagnosis.

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Competing interests

The authors declare that they have no conflict of interest.

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References

- [1] Pillay WR, Laloo S, Thomson SR et al. Embolisation of metachronous pseudoaneurysms complicating chronic pancreatitis. *HPB (Oxford)* 2003; 5: 251–253
- [2] Lubezky N, Goykhman Y, Nakache R et al. Early and late presentations of graft arterial pseudoaneurysm following pancreatic transplantation. *World J Surg* 2013; 37: 1430–1437
- [3] Bartosz Z, Nattakarn L, Marte J et al. Endovascular management of pancreatitis-related pseudoaneurysms: a review of techniques. *Plos One* 2018; 13: e0191998

Bibliography

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