A 67-year-old man with pancreatic head cancer developed acute pancreatitis due to obstruction of the main pancreatic duct. He subsequently developed an infected walled-off necrosis (WON) (Fig. 1). Endoscopic ultrasound-guided transluminal drainage (EUS-TD) was performed using a 6-Fr endoscopic nasobiliary drainage catheter (white arrowheads) as an external drainage tube and a 7-Fr/7-cm double-pigtail plastic stent (yellow arrowheads) as an internal drainage tube (Fig. 2). Subsequently, the patient’s condition improved, and the external drainage tube was removed. Computed tomography (CT) performed 4 months after EUS-TD revealed that the WON had disappeared. The DPS was in place until pancreaticoduodenectomy after neoadjuvant chemotherapy and was removed endoscopically 8 months after EUS-TD because of the risk that the DPS could cause infection during adjuvant chemotherapy. At the time the stent was removed, massive arterial bleeding occurred from the fis-
tula (▶ Video 1). Since endoscopic hemo-
stasis was difficult, urgent interventional
radiology was performed, and a splenic
artery pseudoaneurysm causing massive
bleeding was detected (▶ Fig. 3). Hemo-
stasis was achieved using coil emboliza-
tion (▶ Fig. 4).

WON is a late complication of acute ne-
crotizing pancreatitis. Currently, EUS-TD
is the best therapeutic option for WON
[1]. Although lumen-apposing covered
self-expanding metal stents have been
introduced, EUS-TD with DPS remains
the main endoscopic therapy for WON.
DPS is associated with lower rates of pro-
cedure-related bleeding, such as serious
pseudoaneurysm bleeding [2, 3]. Never-
thless, in this case, massive bleeding
due to a pseudoaneurysm occurred after
stent removal. The pseudoaneurysm
may have been formed by the long
period of stent placement and contact,
causing arteritis. When removing a plas-
tic stent after a long period of place-
ment, it is crucial to consider that serious
complications can occur, and contrast-
enhanced CT should be performed to
check for the presence of a pseudoa-
neurysm before stent removal.

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Competing interests

The authors declare that they have no con-
flict of interest.

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