

Hemosuccus pancreaticus after endoscopic ultrasound-guided fine needle aspiration of a pancreatic cyst



Fig. 1 Endoscopic ultrasound demonstrating a macrocystic pancreatic tail cyst with central calcification.



Fig. 3 Endoscopic ultrasound of the pancreatic duct near the ampulla demonstrating a hyperechoic filling defect consistent with blood. This was not seen prior to cyst aspiration.

A 71-year-old woman presented for endoscopic ultrasound (EUS) evaluation of a cystic lesion in the pancreas tail, which had been found on cross-sectional imaging during work-up of unintended weight loss. A 4.7 × 4.5 cm anechoic, septated macrocystic lesion was seen in the pancreas tail with a central calcification (▶ Fig. 1). The remainder of the pancreas examination was normal. An avascular pathway was chosen and a 19-gauge needle was advanced into a large cystic component for fine needle aspiration (FNA). A frankly bloody aspirate was seen. Repeat EUS-FNA of a separate component of the cyst yielded slightly viscous, clear, non-bloody fluid, which was sent for analysis. The echoendoscope was then readvanced into the second portion of duodenum, demonstrating fresh blood emanating

from the papilla (▶ Fig. 2). With the echoendoscope in the second portion of the duodenum, endosonographic evaluation of the pancreatic duct revealed a hyperechoic filling defect consistent with blood (▶ Fig. 3). The patient was admitted overnight for observation after developing mild, self-resolving pancreatitis, but she did not need further therapy. Histologic examination of the surgically resected cyst demonstrated a benign serous cystadenoma.

EUS-FNA is a procedure with a well-described low complication rate [1]. Intracystic bleeding after EUS-FNA can occur, however, and rarely may result in hemosuccus pancreaticus [2,3]. A 19-gauge FNA needle was used for cyst aspiration in the present case, which may possibly contribute to this complication. In this



Fig. 2 A biopsy forceps was used to uncover the ampulla, with blood emanating from the papillary orifice.

case conservative management resulted in complete resolution.

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