Huge hemothorax caused by endoscopic ultrasound-guided fine-needle aspiration of a submucosal tumor of the gastric fornix

Endoscopic ultrasound-guided fine-needle aspiration (EUS-FNA) is the most efficacious method for sampling solid lesions adjacent to the gastrointestinal tract. A recent meta-analysis of EUS-FNA complications reported a bleeding rate of 0.13% [1]. Here, we present a case of hemothorax in a patient receiving anticoagulant therapy for myocardial infarction and atrial fibrillation. The hemothorax developed after the patient underwent EUS-FNA for a gastric submucosal tumor. A 72-year-old man with an asymptomatic gastric submucosal tumor was admitted for a histologic diagnosis. He had been taking clopidogrel and aspirin regularly for 4 years. A gastric submucosal tumor had been detected 2 years previously and was increasing in size, as seen on computed tomography (Fig. 1). The clopidogrel and aspirin were discontinued for 5 days prior to EUS-FNA and on the day of EUS-FNA. Esophagogastroduodenoscopy revealed a submucosal tumor of the gastric fornix (Fig. 2). EUS revealed a well-defined hypoechoic mass with no intervening ves-
EUS-FNA was performed with a 19-gauge needle and two needle passes.
Immediately after the EUS-FNA, no intratumoral or local bleeding was observed at the puncture site. However, 5 hours later, tachypnea and dyspnea developed. Computed tomography of the chest revealed a left hemothorax, and chest tube drainage was carried out immediately. Nonetheless, progressive anemia developed. Video-assisted thoracoscopic surgery was performed, revealing a needle tract penetrating the diaphragm adjacent to the esophagus.

To our knowledge, this is the first report of hemothorax as a complication of EUS-FNA. The possibility of hemothorax should be considered in patients undergoing EUS-FNA of lesions of the gastric fornix.

Competing interests: None

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