Endoscopic ultrasound-guided transmural drainage of a pancreatic collection: case report of a massive hemoperitoneum without intracystic bleeding

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 cystotome, 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 peritoneum with strictly intraperitoneal active bleeding.

Major adverse events are bleeding, pneumoperitoneum, and infection. Rarer adverse events are pancreatitis, pancreatic fistula, stent migration and tract dehiscence, Ogilvie syndrome, pneumothorax, and air embolism [3–5]. 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

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