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 hemodynamic instability, with a hemoglobin level of 4.5 g/dL. An angioscan revealed a massive hemoperitoneum without strictly intraperitoneal active bleeding. (Fig. 1). An emergency caudal splenopancreatectomy was performed. The source of the bleeding was at a distance from the point of puncture of the cystogastrostomy, at the level of the gastric wall (Fig. 2).

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