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 hemodynamic instability, with a hemoglobin level of 4.5 g/dL. An angioscan revealed a massive hemoperitoneum without any recurrence of adverse events. Endoscopic ultrasound-guided transmural drainage of a pseudocyst is an effective and safe procedure, with a median success rate of 89%, an average morbidity rate of 13%, and a mortality rate of 0.3% \[2\]. Major adverse events are bleeding, pseudocyst, 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.

Endoscopy_UCTN_Code_CPL_1AL_2AD

Competing interests: None

Sébastien Godat, Fabrice Caillol, Erwan Bories, Christian Pesenti, Jean Philippe Ratone, Marc Giovannini
Division of Gastroenterology, Paoli-Calmettes Institute, Marseille, France

References
1 Seewald S, Ang TL, Teng KC et al. EUS-guided drainage of pancreatic pseudocysts, abscesses and infected necrosis. Dig Endosc 2009; 21 (Suppl. 01): S61 – S65

Bibliography
DOI http://dx.doi.org/10.1055/s-0034-1391838
Endoscopy 2015; 47: E244
© Georg Thieme Verlag KG Stuttgart · New York
ISSN 0013-726X

Corresponding author
Sébastien Godat, MD
Division of Gastroenterology
Paoli-Calmettes Institute
232, boulevard Sainte Marguerite – BP 156
13273 Marseille Cedex 9
France
Fax: +33-4-91223658
tagodat@gmail.com