Rupture of a pseudoaneurysm caused by endoscopic papillary large-balloon dilation

Endoscopic papillary large-balloon dilation (EPLBD) is a relatively new technology for removing large bile duct stones [1]. The efficacy and safety of EPLBD have been reported; however, severe complications occur in approximately 10% of patients [2]. Hemorrhage is one of the most common complications, and endoscopic hemostasis is effective [3]. Herein, we present a case of rupture of a pseudoaneurysm following EPLBD.

A 71-year-old woman with recurrent bile duct stones was admitted to our institution. She had a previous history of recurrent episodes of acute pancreatitis. A large stone, 28×10mm in size, was seen on computed tomography (Fig. 1). Contrast-enhanced computed tomography was contraindicated owing to her renal dysfunction. Care should be taken to evaluate patients undergoing EPLBD with contrast-enhanced computed tomography to detect any arterial abnormality.

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Competing interests: None

Fig. 1 Coronal computed tomographic scan shows a large (28×10-mm) stone (arrow) in the common bile duct of a 71-year-old woman with recurrent bile duct stones and a previous history of acute pancreatitis.

Fig. 2 Images obtained during endoscopic retrograde cholangiography. a An oblong-shaped defect is observed in the bile duct (arrow). b Endoscopic papillary large-balloon dilation is performed with a balloon that has a diameter of 18 mm.
References

1 Ersoz G, Tekesin O, Ozutemiz AO et al. Biliary sphincterotomy plus dilation with a large balloon for bile duct stones that are difficult to extract. Gastrointest Endosc 2003; 57: 156–159


Bibliography
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Fig. 3 Endoscopic images of the ampulla of Vater. a Spurting bleeding is observed after endoscopic papillary large-balloon dilation. b Continuous bleeding is observed after the insertion of a metallic stent.

Fig. 4 Angiographic images. a A pseudoaneurysm is observed (arrow). b Extravasation into the duodenum (arrowhead).

Fig. 5 Hemostasis after the placement of five coils is confirmed by celiac angiography.