

中文題目：急性胰臟炎併發症引起胃十二指腸動脈瘤

英文題目：Gastroduodenal artery Aneurysm: An unusual complication of acute pancreatitis

作者：梁美娟¹，曾志偉²，

服務單位：¹ 大林慈濟醫院內科; ² 大林慈濟醫院腸胃內科;

Introduction:

Pseudoaneurysm forms due to vascular injuries after trauma or inflammation (i.e. pancreatitis, autoimmune disorders, vascular intervention, laparoscopic cholecystectomy and hepatic transplantation). The aneurysm rupture may lead to life threatening conditions. Here, we demonstrate a case of acute pancreatitis complicated with gastroduodenal artery aneurysm rupture.

Case presentation:

The 69 years-old-male was a retired worker with the history of hypertension and gout. He had admitted to our hospital due to acute pancreatitis about one month ago. After discharge, progressive abdominal fullness, dull epigastric pain and poor appetite were noted. The follow-up abdominal CT demonstrated one huge pseudocyst with gastric compression. The percutaneous drainage was performed for decompression and syndrome released later. However, coffee ground vomitus and tarry stool was noted days later. The esophagogastroduodenoscopy showed much blood clot retention in the stomach and suspicious external compression over antrum and lower body. The angiography was arranged due to persistent bleeding and one gastroduodenal aneurysm was identified. The transarterial embolization was done and bleeding stop later. After the clinical condition improved, the patient was discharged.

Discussion:

Once a GDA aneurysm ruptures, the patient faces a life-threatening condition that could rapidly lead to death in 40% of cases. The diagnosis should be suspected in patients with potential vascular injuries (such as pancreatitis). Therapeutic strategies include surgical (revascularization, vessel ligation, aneurysmal sac exclusion) or endovascular interventions (coil embolization, stent placement). The choice of the therapeutic procedure is made on an individual basis and depends on the presenting symptom, the location of the aneurysm, and general condition of the patient and the risk of organ ischemia after the intervention.