

# Endovascular Treatment of Hepatic Artery Pseudoaneurysm after Pancreaticoduodenectomy

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# Disclosure

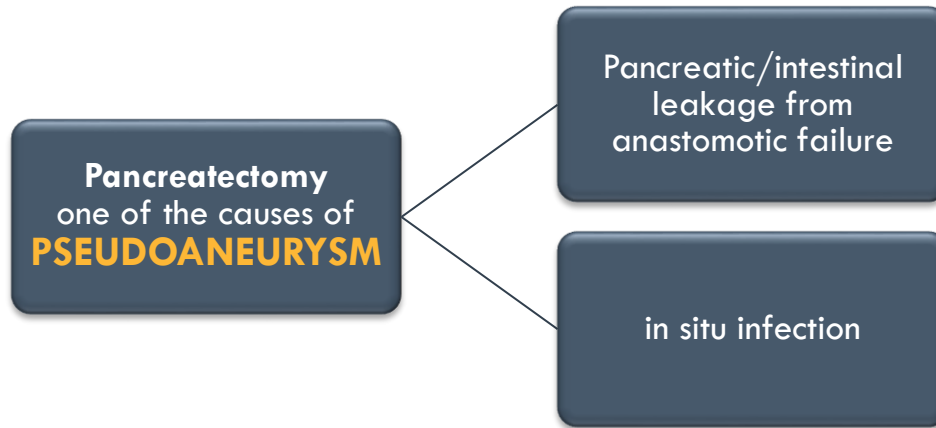
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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)
  
- I do not have any potential conflict of interest

# Introduction / Case Report



...**main cause of postpancreatectomy hemorrhage!**

...mortality rates of **16-50%**

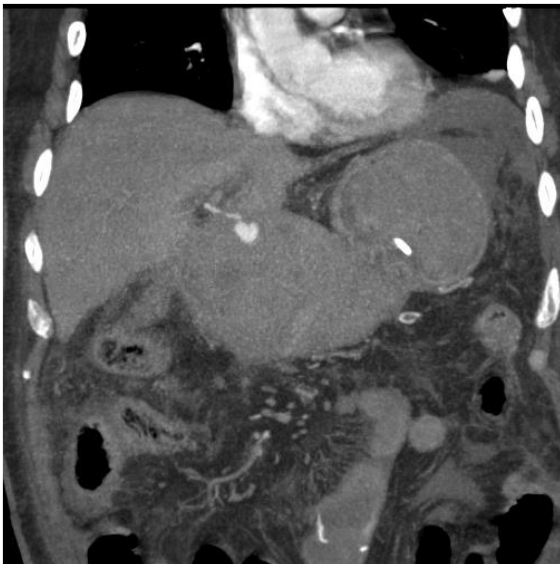
...Treatment regardless the size

- 77-year-old male
- **Comorbidities:** AHT; Chronic bronchitis; BPH
- Pancreaticoduodenectomy (PD) for serous cystadenoma of the pancreas
- 2 months post-PD → Hemorrhagic shock caused by gastrointestinal hemorrhage

# Case Report

## COMPUTED TOMOGRAPHY ANGIOGRAPHY (CTA)

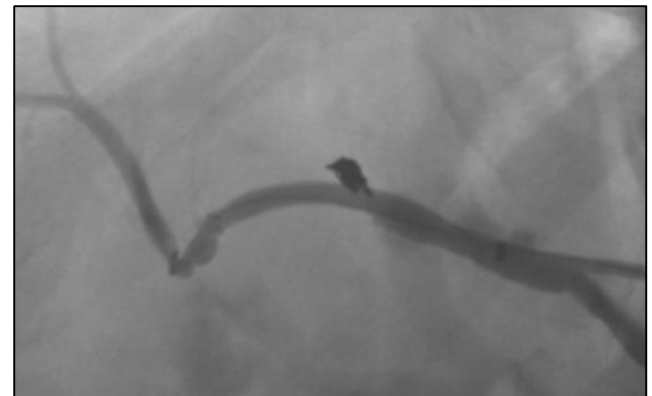
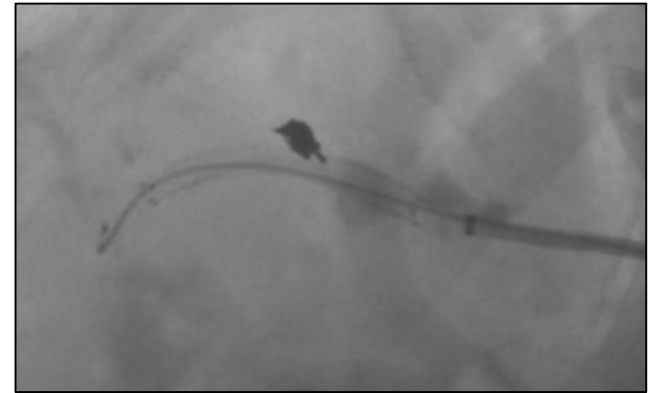
- Aneurysmal dilatation of the hepatic artery (HA) bifurcation (15x9mm)
- Large perianastomotic fluid collection (percutaneously punctured – isolation of *Klebsiella pneumoniae*)



# Case Report

## ENDOASCULAR TREATMENT

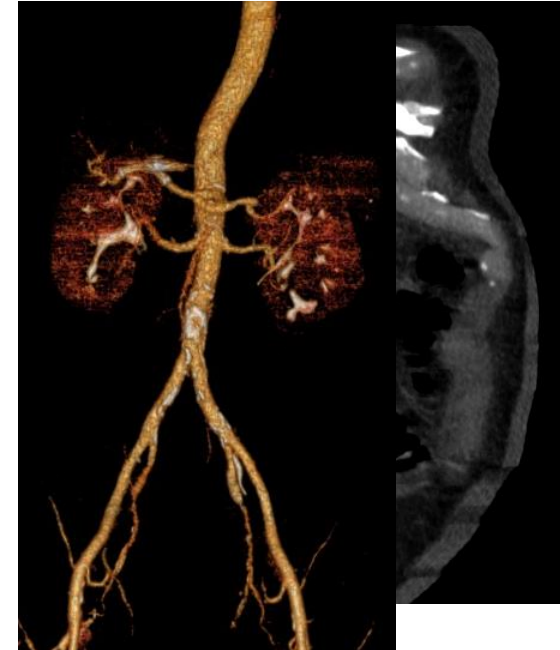
- . Access through the right common femoral artery with an 7F introducer sheath
- . Celiac trunk's catheterization and introduction of a guiding sheath
- . Catheterization of the common, proper and right hepatic arteries
- . Selective angiography – pseudoaneurysm of the hepatic artery bifurcation
- . Coil embolization (Cook Nester<sup>®</sup> coil 4mm) of the left hepatic artery
- . Stent-graft deployment (Gore Viabahn<sup>®</sup> 5x50mm) between the common and the right hepatic arteries
- . Control angiography



# Case report / Conclusion

## CONTROL CTA

- ✓ Complete exclusion of the pseudoaneurysm
- ✓ Maintenance of the hepatopetal arterial flow



- Gastrointestinal bleeding is a potentially devastating complication after pancreaticoduodenectomy
- There is no consensus regarding the best surgical treatment
- Minimally invasive endovascular therapies are increasingly proving to be a safe and efficacious alternative to surgical intervention