

### CASE 18. DIAGNOSIS

RUPTURE OF A SPLENIC ARTERY PSEUDOANEURYSM INTO A PANCREATIC PSEUDOCYST

The computed tomography (CT) scan (Fig. 1) shows a nonenhancing, hypodense, cystic lesion (arrow) at the tail of the pancreas abutting the spleen. The radiologic diagnosis is pancreatic pseudocyst.

The second CT scan (Fig. 2) reveals the previously noted pseudocyst, which is slightly larger and has a higher attenuation than before. Contrast (arrow) is noted within the cyst after intravenous injection of contrast medium, suggesting extravasation. Combined with the clinical features, the likely diagnosis is a pseudoaneurysm ruptured into the pancreatic pseudocyst. Doppler ultrasonography is helpful in confirming the diagnosis. The pseudocyst with echogenic content and the expansile pseudoaneurysm (arrow) within the cyst can be seen in Fig. 3. Doppler measurement can confirm an arterial signal (arrows) within the pseudoaneurysm (Fig. 4). The ultrasonogram can also demonstrate the presence of a pseudoaneurysm arising from the splenic artery.

Bleeding from a pseudoaneurysm is a rare but potentially lethal complication of chronic pancreatitis. The bleeding can present as massive gastrointestinal tract bleeding, hemoperitoneum with shock or, as in this case, bleeding

into the pseudocyst with pain. Apart from surgical intervention, transcatheter arterial embolization effective method of controlling the bleeding.

This patient was treated by excision of the pseudoaneurysm with the pseudocyst and by distal pancreatectomy and splenectomy. The ruptured aneurysmal vessel was found within the "cyst" wall. Histologic examination confirmed that the "cyst" was a pseudocyst. The patient made a smooth recovery and was discharged 6 days after operation.

### Bibliography

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FIG. 1



FIG. 2



FIG. 3

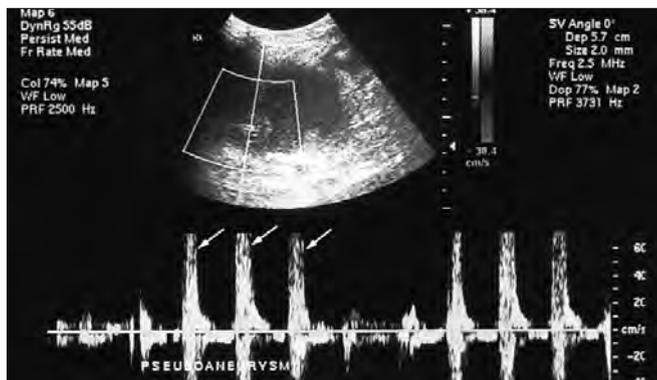


FIG. 4