Pseudoaneurysm formation in patients with chronic pancreatitis who undergo angiography may have an incidence as great as 10%.[1]

A 35-year-old alcoholic male presented with recurrent attacks of pancreatitis for six years. Three months prior to presentation, the symptoms aggravated. He was diagnosed as suffering from pseudocyst of the pancreas on the basis of ultrasonography (USG) and a contrast enhanced computerised tomography (CT) which revealed two pseudocysts, in relation to the left renal hilum. However, the intensity of abdominal pain increased. A repeat USG revealed a smaller thick-walled cystic area within the pseudocyst. On Doppler study, the inner cystic mass showed pulsatile arterial flow suggestive of a pseudoaneurysm. Magnetic Resonance (MR) imaging and MR angiography confirmed the presence of a thick-walled, brightly enhancing spherical mass within a large cystic lesion (Figure 1). Diagnosis of a pseudoaneurysm within a pre-existing pancreatic pseudocyst was made. In view of the severe pain, the radiological findings and absence of facilities for arterial embolization, the patient was successfully managed with surgical excision of the pseudocyst.

Pancreatic pseudoaneurysm is a malformation in the vessels of the pancreas and/or peripancreatic bed most commonly due to pancreatitis, with pseudocyst formation involving the splenic artery in 30-50% of patients.[2] Ultrasoundography, Doppler and CT scan are invaluable modalities for identifying these vascular complications. Angiography is usually reserved for confirmation of the diagnosis and vascular intervention. Transarterial catheter angioembolization has a reported success rate of 67-100%,[3] however, pancreatic resection including excision of the pseudoaneurysm and pseudocyst is the treatment of choice.

REFERENCES