Endovascular Treatment of Hepatic Artery Pseudoaneurysm after Pancreaticoduodenectomy

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Disclosure

Speaker name: Miguel Lemos Gomes

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
Pancreatectomy - one of the causes of Pseudoaneurysms

- Leakage from anastomotic failure
- In situ infection
- Surgical trauma

...cause of postpancreatectomy hemorrhage!

...mortality rates of 16-50%

...treatment regardless the size

- 77-year-old male

- Pancreaticoduodenectomy (PD) for serous cystadenoma of the pancreas

- 15 days post-PD → Abdominal abscess (percutaneously drained – isolation of Klebsiella pneumoniae - Colistin)

- 2 months post-PD → Hemorrhagic shock caused by gastrointestinal hemorrhage

Comorbidities: HT; COPD; BPH
Case Report

COMPUTED TOMOGRAPHY ANGIOGRAPHY (CTA)

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Case Report

CTA

- Aneurysmatic dilatation of the hepatic artery (HA) bifurcation (15x9mm)
- Large perianastomotic fluid collection

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**Endovascular Treatment**

- Access through the right common femoral artery with a 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® coil 4mm) of the left hepatic artery

- Stent-graft deployment (Gore Viabahn® 5x50mm) between the proper and the right hepatic arteries

- Control angiography
Case Report

**CONTROL CTA**

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

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Conclusion

- Pseudoaneurysm of the hepatic artery after a pancreatic resection is a relatively rare but potentially fatal complication.

- Minimally invasive endovascular therapies, such as embolization and covered stenting, are increasingly proving to be a safe and effective alternative to surgical intervention.