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Ticking timebombs due to pancreatitis

T V Aditya Chowdary

Gastroenterologist Gleneagles Global Hospital, India

Background: Visceral artery pseudo aneurysms are uncommon, but commonly cause complications. The splenic artery is most commonly affected. They usually develop secondary to pancreatitis with abdominal trauma being the second most common cause. Our aim was to analyze all the abdominal visceral arterial pseudo aneurysms, their clinic-pathological features, management and outcome.

Methods: The study was conducted in the Surgical Gastroenterology Department of Osmania Medical College and Hospital. All patients who were diagnosed to have a splenic artery pseudo aneurysm from the January 2012 to July 2016 were included in the study.

Results: A total of 15 cases were identified, splenic artery was the origin in thirteen and gastroduodenal artery in two. All patients were male, pancreatitis accounted for 14 (93.33%) and trauma for 1 (6.66%). All patients were symptomatic with abdominal pain (80%), GI bleed (66.66%) and fall in hemoglobin (66.66%) being the common symptoms. CECT with vascular reconstruction was the best investigatory modality to identify them. Angio-embolization was used in two patients with good outcomes. Percutaneous thrombin was used in one patient but unsuccessful. Surgery was used in 13 patients (distal pancreaticosplenectomy – 8, transpeducystic ligation – 3 and direct aneurysm excision – 1).

Discussion: Visceral arterial pseudo aneurysms are not as rare as previously thought and the incidence is rising as our threshold for imaging is falling. Their management is multidisciplinary and depends on the resources available. All of them are invariably symptomatic and require intervention of some sort for a permanent control. The threshold to offer surgery should be low as the morbidity (26.66%) and mortality (6.66%) are relatively low.

drtvaditya@gmail.com

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