

1061 (author index ID)

P-267 / Successful endovascular management of post-ERCP bleeding after failed surgical and endoscopic attempts

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A 42-years old patient with cholecystolithiasis and choledocholithiasis underwent pre-operative ERCP with pre-cut sphincterectomy, during which bleeding from papilla Vateri occurred. Immediate endoscopic hemostasis provided temporary hemodynamic stability, and elective open cholecystectomy and choledochotomy were performed. In the next few days patient developed hemorrhagic shock and bleeding in D2 portion was confirmed during an emergency duodenoscopy. Then, surgical ligation achieved initial hemostasis, still patient had steady drop of hemoglobin.

The case was referred to our interventional radiology unit, where angiography was performed. Initial angiography of celiac trunk revealed aberrant supraduodenal artery, directly arising from common hepatic artery. Additional superselective angiography of supraduodenal and gastroduodenal arteries showed bleeding pseudoaneurysm and we proceeded with embolisation of both arteries with several pushable coils. Furthermore, selective catheterization of superior mesenteric artery and a pancreaticoduodenalis inferior was performed, and an empiric embolization of the pancreaticoduodenal artery. The result was complete hemostasis with improved clinical status and laboratory parameters few days later.

Bleeding is one of the most frequent complications of endoscopic sphincterotomy with reported incidence of 0,3-12,6%. Most iatrogenic cases of post-ERCP bleeding occur at the site of sphincterectomy and may be relatively easily controlled by repeated endoscopy, and surgery is rarely considered. However, difficult to control bleeding can occur in the region of papilla where routine haemostatic techniques may prove unsuccessful. Endovascular embolization is superior technique for bleeding control in surgically challenging anatomical areas.

Severe post-ERCP hemorrhage is rare, potentially fatal complication. Endovascular embolisation can be life-saving treatment for tricky bleeding sites with immediate good results.