

Treatment of bleeding by endovascular approaches at the patients with pancreatitis.

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Introduction

- Pancreatitis complicated by the erosive bleeding from vessels of truncus coeliacus area in 4-6% of cases (splenic or gastroduodenal arteria) and associated with high lethality without specific vascular approaches.

Materials and methods

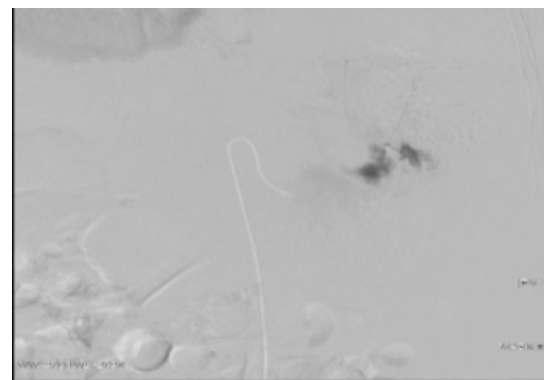
We presented 2 cases of patients with pancreatitis, complicated by erosive bleeding from arteries of truncus coeliacus areas. In the first case the bleeding took place in post necrotic pseudocyst cavity (fig.1) of the pancreas and clinically looked like episodes of recurrence gastrointestinal bleeding. Performed endoscopy hadn't verified the cause of bleeding, just fresh blood in duodenum. CT scan verified presence of pancreatic pseudocysts only. At the episode of bleeding we had performed an angiography and had verified an extravasation of the contrast from branches of gastroduodenal artery in pseudocyst cavity (fig.2).

Figure 2. Angiogram of gastroduodenal artery after placing of a stent



Emergency embolization of these branches had successfully finished the bleeding and it helped to continue the treatment of pancreatitis and performing surgical approaches. In the 2nd case it was 14-year-old patient with traumatic severe infectious pancreatitis with developed peripancreatic phlegmon and SIRS. The patient had received regular draining of retroperitoneal cavity. At the 37th day had begun an active bleeding from postoperative wound and drains. Emergency angiography had visualized an extravasation of the contrast from erosive splenic artery (Fig.3) that accomplished placing of the covered stent (fig.4).

Figure 3. Angiogram of contrast extravasation in retroperitoneal cavity.



Conclusion

In first case the bleeding was manifested as a gastrointestinal and the regular general surgeon hadn't verify the cause of it. And 2nd case - performed laparotomy with a negative result of treatment. In case of erosive bleeding regular patients died without specific approaches. Our experience had shown that endovascular surgery played critically important role in the treatment for recovery of the patients with pancreatitis.

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Figure 4. Angiogram of splenic artery after stenting

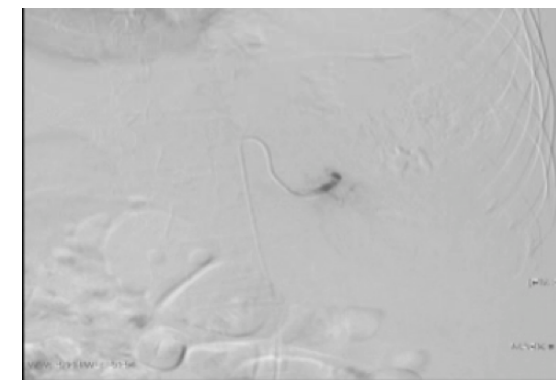


Figure 1. Angiogram of extravasation in cavity of post necrotic pseudocyst.

