

Gastroepiploic Pseudoaneurysm: A Shocking Complication of PEG Tube Placement



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Introduction

- PEG tube placement, while safe and routine, is not without complications.
- Bleeding due to PEG placement is rare, seen in 0.6-1.2% of cases.
- PEG tube associated GI bleeds often arise along the gastrostomy tract or from gastric ulceration.

Presentation

- A 52-year-old male presented with multiple episodes of hematemesis.
- Past medical history was most significant for atrial fibrillation (apixaban) and recent stroke with PEG tube placement 1 month prior.
- CTA was negative for signs of active bleeding.
- Antiplatelets were held and apixaban was reversed with PCC.

Work Up

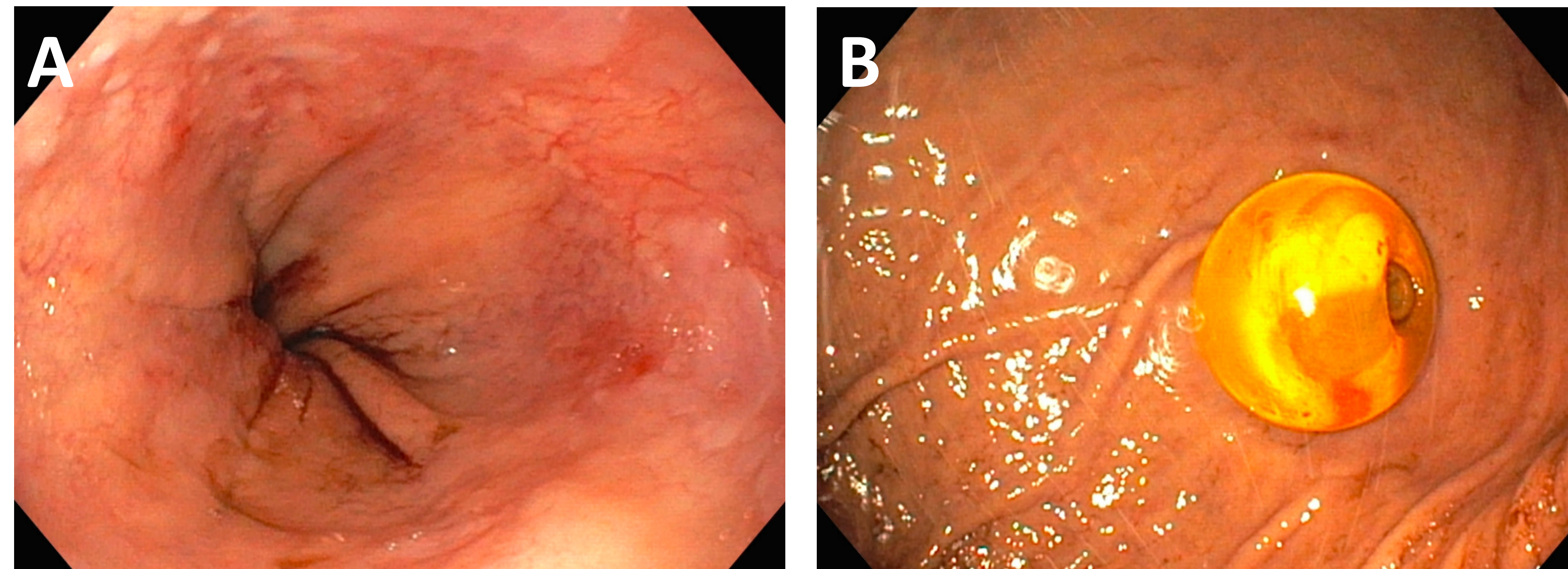


Figure 1. EGD showing signs of erosive esophagitis (A) and proper PEG tube placement (B). No signs of active bleeding were noted.

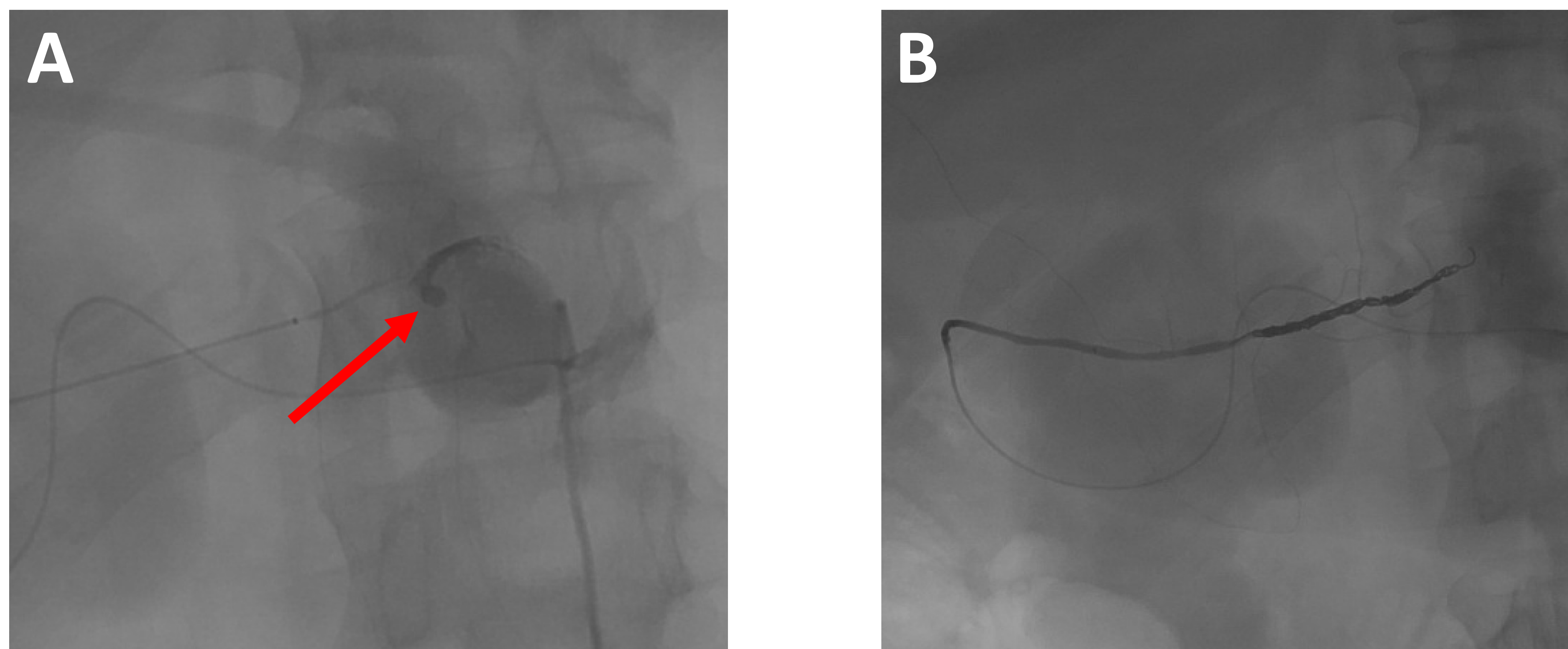


Figure 2. IR viscerogram showing right gastroepiploic pseudoaneurysm pre-embolization (A) and post-coil embolization (B).

Discussion

- Bleeding related to pseudoaneurysm formation is exceedingly rare with only a handful of case reports documenting such occurrence.
- Contrast enhanced imaging may aid in the diagnosis; however, small pseudoaneurysms may not be detected with noninvasive angiographic studies (as was the case here).
- As such, IR viscerogram should be considered in the workup of unexplained anemia even when CT/MR angiography is negative.

Conclusion

Clinicians must consider pseudoaneurysm formation as part of their differential for GI bleed after recent PEG placement especially if endoscopic evaluation is unrevealing.

References

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