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## Introduction

The mortality rate of patients who are hospitalized with a lower gastrointestinal bleed has been reported at 1.1% in the U.S. from 2005 through 2014. Pseudoaneurysms, typically associated with pancreatitis, have been described in case reports as a rare condition with a small subset presenting as GI bleeding.

## Case Description

38-year-old male with PMH of COVID-19 infection complicated by necrotizing pancreatitis and requiring tracheostomy and GJ tube placement presented from a long-term care facility with hematochezia and blood clots via GJ tube

### Previous Hospitalization:

- During most recent hospitalization was found to have a small pseudoaneurysm of the gastroduodenal artery and received embolization of the gastroduodenal and gastroepiploic arteries
- He had also been diagnosed and treated for HLH

### Current Early Hospitalization:

- During transport to our hospital, he was tachycardic with hypotension requiring norepinephrine, and received one unit RBCs
- EGD: gastrojejunostomy tube in the expected location but was noted to be tight to the mucosa, which was pale in appearance
- Flex sig: localized areas of edematous and erythematous mucosa with some associated oozing throughout the sigmoid colon

## One Week Later During Hospitalization

- Colonoscopy: apparent fistulous tract in the sigmoid colon
- CTA: localized a pseudoaneurysm arising from the marginal artery of Drummond just proximal to its anastomosis with the ascending branch of the left colic artery and was successfully embolized.



**Figure 1:** Digital subtraction angiogram (DSA) with catheter selected in the inferior mesenteric artery (IMA; solid black arrow) demonstrates a pseudoaneurysm (gold arrow) immediately distal to the anastomosis of the ascending branch of the left colic artery (white arrow) and the marginal artery of Drummond (open black arrows).

## Discussion

- Pseudoaneurysms, such as the one described in this case, have been shown to be associated with pancreatitis and can result if a pseudocyst involves adjacent vasculature.
- GI bleeding is a rare presentation of this condition.
- This case demonstrates the importance of repeat colonoscopy and angiography in the setting of a lower GI bleed of unknown etiology.

## References

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